

File No. 200674

Committee Item No. 1

Board Item No. 8

## COMMITTEE/BOARD OF SUPERVISORS

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Committee: Budget & Appropriations Committee Date July 15, 2020

Board of Supervisors Meeting Date July 28, 2020

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Completed by: Linda Wong Date July 10, 2020

Completed by: Linda Wong Date July 17, 2020

1 [Health Service System Plans and Contribution Rates - Calendar Year 2021]

2  
3 **Ordinance approving Health Service System plans and contribution rates for calendar**  
4 **year 2021.**

5  
6 NOTE: **Unchanged Code text and uncodified text** are in plain Arial font.  
7 **Additions to Codes** are in *single-underline italics Times New Roman font*.  
8 **Deletions to Codes** are in ~~*italics Times New Roman font*~~.  
9 **Board amendment additions** are in Arial font.  
10 **Board amendment deletions** are in ~~Arial font~~.  
11 **Asterisks (\* \* \* \*)** indicate the omission of unchanged Code  
12 subsections or parts of tables

13 Be it ordained by the People of the City and County of San Francisco:

14 Section 1. Background and Findings.

15 (a) Under Charter Section A8.423, the Health Service Board (“HSB”) is required to  
16 conduct a survey of the ten counties in the State of California, other than the City and County  
17 of San Francisco, having the largest populations to determine the “average contribution” made  
18 by each such county toward the providing of health care plans, exclusive of dental or optical  
19 care, for each employee of such county. The HSB is then required to certify to the Board of  
20 Supervisors “the average contribution” as determined by the survey.

21 (b) According to the California Department of Finance, the ten most populous counties  
22 in the State of California other than San Francisco (in descending order of population) are:  
23 Los Angeles, San Diego, Orange, Riverside, San Bernardino, Santa Clara, Alameda,  
24 Sacramento, Contra Costa, and Fresno (collectively, the “Survey Counties”).

25 (c) On March 12, 2020, based on the Health Service System’s survey of each of the  
Survey Counties, a copy of which is on file with the Clerk of the Board of Supervisors in Board

1 File No. 200674, the HSB determined that “the average contribution” made by the counties  
2 surveyed for the 2021 calendar plan year is \$729.19 per month.

3 (d) At its meetings of March ~~12~~14, ~~April 11~~, May 14, May 28, and June 11, 2020, the  
4 HSB adopted health insurance plans and contribution rates for Health Service System plans  
5 to become effective on January 1, 2021, for the calendar plan year January 1, 2021 through  
6 December 31, 2021. Said plans and contribution rates are on file with the Clerk of the Board  
7 of Supervisors in Board File No. 200674, and are incorporated herein by reference. Each of  
8 the health insurance plans is expected to exceed \$10,000,000 in expenditures, and therefore  
9 Charter Section 9.118(b) requires Board of Supervisors approval of each plan.

10  
11 Section 2. The Board of Supervisors hereby approves the health insurance plans and  
12 contribution rates adopted by the HSB on March ~~12~~14, ~~April 11~~, May 14, May 28, and June  
13 11, 2020, as referenced in subsection (d) of Section 1 of this ordinance.

14  
15 Section 3. As referenced in subsection (c) of Section 1 of this ordinance, “the average  
16 contribution” under Charter Section A8.423, which shall constitute the monthly amount  
17 contributed by the participating employers to the Health Service Trust Fund for the calendar  
18 plan year January 1, 2021 through December 31, 2021, as required under Charter Section  
19 A8.428(b)(2), is \$729.19.

20  
21 Section 4. Effective Date. This ordinance shall become effective 30 days after  
22 enactment. Enactment occurs when the Mayor signs the ordinance, the Mayor returns the  
23 ordinance unsigned or does not sign the ordinance within ten days of receiving it, or the Board  
24 of Supervisors overrides the Mayor’s veto of the ordinance.

1           Section 5. Supermajority Vote Requirement. Under Charter Section A8.422, a three-  
2 fourths' vote of the Board of Supervisors (i.e., the vote of at least nine Supervisors) is required  
3 for passage of this ordinance.

4  
5 APPROVED AS TO FORM:  
6 DENNIS J. HERRERA, City Attorney

7 By:         /s/    
8       ERIK A. RAPOPORT  
9       Deputy City Attorney

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**LEGISLATIVE DIGEST**

[Ordinance- Health Service System Plans and Contribution Rates for Calendar Year 2021]

**Ordinance approving Health Service System plans and contribution rates for calendar year 2021.**

Existing Law

Charter Section A8.422 requires the Board of Supervisors to adopt health care plan contribution rates annually for Health Service System members by three fourths of its members.

Amendments to Current Law

The Ordinance sets the participating employers average contribution toward member health insurance premiums in addition to the Health Service System member health care plan contribution rates.

Background Information

The San Francisco Board of Supervisors (Board) approves rates and benefits for San Francisco Health Service System (HSS) members, and the employer’s “average contribution” toward member health insurance premiums, through a single uncodified ordinance. The “average contribution” is the average contribution made by the ten counties in California with the largest populations toward the providing of health care plans, exclusive of dental or optical care, for each employee of such county.

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**CITY AND COUNTY OF SAN FRANCISCO**

**BOARD OF SUPERVISORS**

**BUDGET AND LEGISLATIVE ANALYST**

1390 Market Street, Suite 1150, San Francisco, CA 94102 (415) 552-9292  
FAX (415) 252-0461

July 10, 2020

**TO:** Budget and Appropriations Committee

**FROM:** Budget and Legislative Analyst



**SUBJECT:** July 15, 2020 Budget and Appropriations Committee Meeting

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<p><b>Item 1</b> <b>File 20-0674</b></p>	<p><b>Department:</b> Health Service System (HSS)</p>
<p><b>EXECUTIVE SUMMARY</b></p>	
<p style="text-align: center;"><b>Legislative Objectives</b></p> <ul style="list-style-type: none"> <li>• The proposed ordinance would approve the San Francisco Health Service System’s (SFHSS) health, vision, and dental plans as well as life insurance and long-term disability insurance plans and contribution rates for calendar year 2021.</li> </ul> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• The SFHSS administers non-pension benefits, including health, vision, dental and other benefits, such as life and long-term disability insurance. The Health Service Board adopts the annual health, vision, dental and other insurance plans, and the respective plan premiums and premium equivalents to be paid by SFHSS employers and members.</li> <li>• The Health Service Board is required to conduct a survey of the 10 most populous California counties each year to determine the average of the health premium contributions made by these counties. Based on this survey, the \$729.19 average contribution per month paid by the City is \$23.27 or approximately 3.3 percent more than the average monthly contribution of \$705.92 in 2020.</li> <li>• Compared to 2020 rates, the total 2021 City health premium amounts are proposed to (a) increase by \$13.9 million or 4.36 percent for Kaiser, (b) increase by \$11.1 million, or 4.31 percent for Blue Shield, and (c) increase by \$0.8 million, or 0.88 percent for UnitedHealthcare (includes City Plan and Medicare Advantage PPO).</li> </ul> <p style="text-align: center;"><b>Fiscal Impact</b></p> <ul style="list-style-type: none"> <li>• The total estimated cost for the City as employer and total cost of active and retired City employees for health, vision, and dental plans, as well as long-term disability and life insurance, will be \$837,956,905 in 2021, which is a \$29,871,262 or a 3.7 percent increase from \$808,085,643 in 2020. Of the total, the City’s costs would be \$740,276,659, with the balance of \$97,680,246 paid by employees and retirees.</li> <li>• In 2021, the average medical monthly contribution per member will be \$142.87 per member per month for all members (actives/retirees combined), \$162.89 per member per month for active employee, and \$113.25 per member per month for retiree.</li> </ul> <p style="text-align: center;"><b>Policy Consideration</b></p> <ul style="list-style-type: none"> <li>• The COVID-19 health crisis largely does not impact the 2021 rates, as rates are determined by the insured plans and the Aon actuary for self-funded plans from underwriting developed using 2019 plan year experience.</li> <li>• Plans may experience lower paid claim amounts for the full year 2020 than originally forecast for 2020 last year at this time, due to plan utilization suppression experienced during Spring 2020 while shelter in place/stay at home public health orders were active. Any potential pandemic-related claim impacts would be accounted for in 2022 plan year rating.</li> </ul> <p style="text-align: center;"><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>• Approve the proposed ordinance.</li> </ul>	

## MANDATE STATEMENT

City Charter Section A8.423 states that the Health Service Board is required to conduct a survey of the 10 most populous California counties, excluding San Francisco, to determine the average contribution made by each county toward health plan premiums for employees, excluding dental plan premiums. The Health Service Board is then required to certify to the Board of Supervisors the average contribution as determined by this survey. City Charter Section A8.428 also requires the City to contribute to the Health Service System Trust Fund to pay the costs of health plan premiums.

## BACKGROUND

The Health Service Board oversees the San Francisco Health Service System (SFHSS). The SFHSS administers non-pension benefits, including health, vision, dental and other benefits, such as life and long-term disability insurance. The Health Service Board adopts the annual health, vision, dental and other insurance plans, and the respective plan premiums and premium equivalents to be paid by SFHSS employers and members.

- SFHSS employers include the City and County of San Francisco (City), the San Francisco Unified School District (SFUSD), the San Francisco Community College District (SFCCD), and the San Francisco Superior Court (Superior Court).
- SFHSS members are active and retired employees of the above noted employers, their dependents, and members of eligible boards and commissions. Dependents include children, spouses, domestic partners, surviving spouses of deceased members, and other legal dependents.

### City and Employee Contribution Models

Most contribution formulas for City employees negotiated as part of their labor agreements fall into the following two percentage-based employee premium contribution models:

- Under the '93/93/83 Contribution Model', the City contributes up to 93 percent of the total health insurance premium for employee-only and employee plus one dependent coverage, capped at 93 percent of the second-highest cost plan. The City also contributes up to 83 percent of the total health insurance premium for employees with two or more dependents, capped at 83 percent of the second-highest cost plan. According to Ms. Pamela Levin, Chief Financial Officer at the San Francisco Health Service System, there are 20,591 members (excluding dependents) who are covered by this contribution model.
- Under the '100/96/83 Contribution Model', the City contributes 100 percent of total health insurance premiums for employee-only coverage. The City contributes up to 96 percent of the total health insurance premiums for employees with one dependent, capped at 96 percent of the second-highest cost plan. The City also contributes up to 83 percent of the total health insurance premium for employees with two or more dependents, capped at 83 percent of the second-highest cost plan. According to Ms.



Levin, there are 11,825 members (excluding dependents) who are covered by this contribution model.

### **10-County Survey Average**

The 10-county survey average is used as a basis for calculating the employer contribution to the monthly health plan premium for all retirees. Based on the survey, the 10-county average employer contribution for calendar year 2021 is \$729.19 per member per month. In June 2014, the impact of the “average contribution” on rates was eliminated in the calculation of premiums for almost all active employees represented by most unions, in exchange for a percentage-based employee premium contribution model. Presently, SFHSS utilizes the 10-County Survey amount as one of the elements that determine SFHSS employer contributions for retirees. In the event the premium is higher than the 10-county “average contribution”, the City will pay the “average contribution” amount. In the event the premium is less than the “average contribution,” the City will pay one hundred percent (100%) of the premium. The \$729.19 average contribution per month paid by the City is \$23.27 or approximately 3.3 percent more than the average monthly contribution of \$705.92 in 2020.

### **Health Service System Trust Fund**

Under Charter Section A8.428, employer and SFHSS member contributions to health plan premiums are deposited in the Health Service System Trust Fund. As of June 30, 2019, the Health Service System Trust Fund balance was approximately \$92.1 million, according to FY 2018-19 and FY 2017-18 audited financial statements.

## **DETAILS OF PROPOSED LEGISLATION**

The proposed ordinance would approve the San Francisco Health Service System’s (SFHSS) health, vision, and dental plans as well as life insurance and long-term disability insurance plans and contribution rates for calendar year 2021. The total cost of the plans would be \$837,956,905 or 3.7 percent more than the \$808,085,643 costs in 2020. Of the total, the City’s costs would be \$740,276,659, with the balance of \$97,680,246 paid by employees and retirees. Table 1 below provides a summary of health insurance costs for 2021.

The Health Service Board approved the following health, vision, dental, life and long-term disability insurance plans and premiums for the period from January 1, 2021 through December 31, 2021 on the following dates in 2020: March 12, May 14, May 28, and June 11.

### **Health Plans and Premiums**

#### Kaiser Permanente HMO<sup>1</sup>

Kaiser Permanente (Kaiser) covers active, early retirees and Medicare retirees. The total Kaiser HMO premium amounts paid by the City as employer are \$13.9 million, or 4.36 percent, more in CY 2021 than in CY 2020. These amounts are shown in Table 1 below. There are no plan design changes approved by the Health Service Board for active employees and early retirees for 2021.

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<sup>1</sup> A HMO (Health Maintenance Organization) offers care through a closed panel of providers, in which members select a primary care physician, who manages their care. The HMOs pay the medical groups on a per capita basis.

The Kaiser Medicare plan has two plan enhancements that were approved by the Health Service Board for 2021. A transportation benefit of up to 24 one-way rides per year (50 miles maximum per ride) offered in 2020 to support member health care appointment and facility post-discharge transportation needs will be expanded to accommodate transportation of members in a wheelchair or gurney. This is currently scheduled to take effect January 1, 2021, though could be delayed depending on vendor set-up status through Kaiser.

The second plan enhancement is a new benefit that provides up to 84 home-delivered meals immediately following an inpatient hospitalization when referred by a clinical staff member. This includes three meals per day for up to four weeks, limited to one utilization per year. This benefit is similar to the meal delivery benefit approved for the 2019 year in the UHC Medicare Advantage PPO plan.

#### Blue Shield California HMOs

The total Blue Shield of California (Blue Shield) Access+ and Trio flex-funded plan premium amounts paid by the City as employer are \$11.1 million, or 4.31 percent, more in CY 2021 than in CY 2020. No plan design changes were approved for the Blue Shield Access+ and Trio plans by the Health Service Board for 2021.

#### UnitedHealthcare (UHC) City Plan PPO for Active Employees and Early Retirees and UHC Medicare Advantage (MA) PPO<sup>2</sup>

The City contracts with UnitedHealthcare (UHC) to administer a self-funded health plan for active employees and early retirees<sup>3</sup> (the City Plan PPO) and a fully funded plan for Medicare-eligible retirees (UHC Medicare Advantage PPO).

#### *City Plan*

The City Plan is a self-funded plan<sup>4</sup> administered by UnitedHealthcare (UHC) for active employees and early retirees. No plan design changes were approved by the Health Service Board for 2021.

#### *UHC Medicare Advantage PPO*

The UHC Medicare Advantage PPO Plan, previously known as the “New City Plan”, covers all non-Kaiser Medicare eligible retirees. No plan changes were approved by the Health Service Board for 2021.

The total UHC City Plan PPO and Medicare Advantage PPO Plan premium amounts paid by the City as employer are \$0.8 million, or 0.88 percent, more in CY 2021 than in CY 2020.

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<sup>2</sup> Under a PPO (Preferred Provider Organization), physicians, hospitals, and other providers are in network and paid by the purchaser (through a third party administrator) on a fee for service basis based on negotiated contracts.

<sup>3</sup> Retired employees of less than 65 years of age and therefore not eligible for Medicare.

<sup>4</sup> According to Ms. Levin, a self-funded plan is where the plan sponsor (SFHSS) pays the claims and takes the risk if the claims are greater than the expectation of what the claims estimates will be.

### Vision Plan

Members enrolled in any of the health plans receive vision benefits through Vision Service Plan (VSP), a third-party insurer. Vision plan premiums are fully-insured. The cost of the Basic Plan vision benefit is included in the cost of the medical plan for all monthly health plan premiums.

In 2021, Basic Plan rates will remain at 2020 levels. Consequently, there is no change to the employer cost for VSP vision rates from 2020 to 2021. For 2021, Premier Plan total premium rates are increasing by 4.1 percent from 2020 rate levels. Employees and retirees pay the full premium difference between Premier Plan rates and Basic Plan rates, in the form of member contributions.

### Dental Plans

SFHSS offers three dental plans, including one PPO (Delta Dental PPO) and two HMOs (DeltaCare USA and UnitedHealthcare Dental). The City pays most of the cost of dental benefits for active employees enrolled in the Delta Dental PPO, and the full cost of the dental HMOs for active employees. Retirees pay the full cost of their dental plans.

There was one design change approved by the Health Service Board for the Delta Dental active employee and retiree PPO plans from 2020 to 2021. Both plans will include coverage, after applicable member plan design cost sharing, for nitrous oxide and non-IV sedation starting in 2021.

For plan year 2021, the City will contribute (1) the total premium toward each of the dental HMO plans for City active employees, and (2) the monthly premium minus employee contributions ranging from \$5.00 for employee only coverage to \$15.00 per month for full family coverage, for the self-funded Dental PPO plan. Member contributions for the three dental plans remain unchanged from the 2020 plan year.

The total dental plan premium amounts across the three active employee dental plans paid by the City as employer are \$0.3 million, or 0.63 percent, more in CY 2021 than in CY 2020.

### Life and Long-Term Disability Insurance

The Hartford Life and Accident Insurance Company (The Hartford) is the insuring entity for the SFHSS life insurance, accidental death and dismemberment insurance, and long-term disability insurance.

In aggregate, the rates decreased by approximately \$0.14 million, or 1.5 percent, from 2020 to 2021, which is attributable to a rate reduction for Basic Life insurance (employer paid). Premiums for supplemental life insurance (member paid), dependent life insurance (member paid), accidental death and dismemberment insurance (member paid), and long-term disability insurance (employer paid) are locked into the 2021 plan year as part of the three-year guarantee, from January 1, 2020 through December 31, 2022.

### **Federal Affordable Care Act Requirements**

In 2010, the Patient Protection and Affordable Care Act (also known as the Affordable Care Act) created a Health Insurance Tax (HIT) and two direct fees were passed through to employers – the Transitional Reinsurance Fee (TRF) and the Patient Centered Outcomes Research Institute (PCORI) fee, as described below.

- The Health Insurance Tax (HIT)<sup>5</sup> impacted most fully insured health plans offered through SFHSS, including dental and vision plans, in 2020. The tax has applied most years since the Affordable Care Act became law, though the federal government waived this tax for 2017 and 2019 plan years. As a result of the Setting Every Community Up for Retirement Enhancement (SECURE) Act<sup>6</sup> legislation passed by the federal government in December 2019, the HIT is permanently terminated for plan years beginning January 1, 2021.
- The TRF<sup>7</sup> expired at the end of 2016, therefore the fee will not apply in 2021 or future years.
- The PCORI fee<sup>8</sup> was originally set to expire after 2019, but it was extended through 2029 as part of the SECURE Act passed by the federal government in December 2019. SFHSS pays this fee to the federal government for the self-funded UHC City Plan PPO, while Kaiser and Blue Shield pay this fee on SFHSS's behalf as fully insured/flex funded plans.

## FISCAL IMPACT

### 2021 Total City Costs

As shown in Table 1 below, the total estimated cost for the City as employer and total cost of active and retired City employees for health, vision, and dental plans, as well as long-term disability and life insurance, will be \$837,956,905 in 2021, which is a \$29,871,262 or a 3.7 percent increase from \$808,085,643 in 2020.

The total estimated costs for the health, vision, and dental plans, as well as long-term disability and life insurance, for the City as employer in 2021 is \$740,276,659 which is a \$25,926,941 or 3.6 percent increase from \$714,349,717 in 2020. The total estimated costs for the health, vision, and dental plans, as well as long-term disability and life insurance that will be paid by employees and retirees is \$97,680,246 in 2021, or 4.2 percent more than the 2020 costs of \$93,735,926.

According to Ms. Levin, in 2021, the average medical monthly contribution per member will be \$142.87 per member per month for all members (actives/retirees combined), \$162.89 per

<sup>5</sup> The Affordable Care Act imposed a fee on “covered entities,” which includes health insurance issuers, health maintenance organizations. Self-insured employers are not “covered entities” subject to the tax. The HIT is a fixed amount determined annually by the IRS. The fixed amount is then allocated among covered entities, based on their market share and the premiums charged in the prior year.

<sup>6</sup> The SECURE Act changed retirement plans used in the United States and was the first major retirement-related legislation enacted since the 2006 Pension Protection Act. Major elements of the bill include: raising the minimum age for required minimum distributions from 70.5 years of age to 72 years of age; allowing workers to contribute to traditional IRAs after turning 70.5 years of age; allowing individuals to use 529 plan money to repay student loans; requiring non-spouse beneficiaries of inherited IRAs to withdraw and pay taxes on all distributions from inherited accounts within 10 years; and making it easier for 401(k) plan administrators to offer annuities.

<sup>7</sup> The Affordable Care Act established a transitional reinsurance program to stabilize premiums in the individual market inside and outside of the marketplaces. The transitional reinsurance program will collect contributions from contributing entities to fund reinsurance payments to issuers of non-grandfathered reinsurance-eligible individual market plans, the administrative costs of operating the reinsurance program, and the General Fund of the U.S. Treasury for the 2014, 2015, and 2016 benefit years.

<sup>8</sup> The PCORI fee was established as part of the Affordable Care Act to fund research to evaluate the effectiveness of medical treatments, procedures and strategies that treat, manage, diagnose or prevent illness or injury. The ACA requires certain carriers and health plan sponsors (i.e. employers) to pay the PCORI fee annually.

member per month for active employee, and \$113.25 per member per month for retiree. Ms. Levin cautions that there is great variation in member contributions based on the plans selected, status, and characteristics of each member. According to Ms. Levin, the average medical monthly contribution per member is less for a retiree (\$113.25) in comparison to an active employee (\$162.89). The average retiree pays less in contribution than the average active employee for three primary reasons:

1. Retirees enrolled in single tier coverage in the Kaiser early retiree HMO plan, the Kaiser Permanente Senior Advantage Medicare HMO plan, and the UHC Medicare Advantage PPO Medicare plan do not pay a contribution for coverage assuming they were hired on or before January 10, 2009 (the vast majority of current City retirees), based on the combination of the total premiums for these plans (especially the lower premium levels for Medicare plans), and the application of the employer contribution formula for retiree coverage based on the City Charter. Ms. Levin states that the only active employees who do not pay any contribution for coverage are those enrolled in single tier coverage in any available plan within the 100/96/83 City contribution structure. All employees in the 93/93/83 City contribution structure pay a member contribution for health care. Overall, 60 percent of City retirees electing coverage do not pay any contribution for their health plan, versus 17.5 percent of active employees electing coverage that do not pay any contribution for their health plan;
2. A greater proportion of retirees are in Self Only coverage (69 percent) than active employees enrolled in Self Only coverage (42 percent) – meaning a higher proportion of active employees are covering dependents versus retirees – and member contributions increase as a member moves from Self Only coverage to covering one dependent, then again as a member moves to covering two or more dependents; and
3. Retirees, in general, have less dependents.

The City Charter guides the setting of City contributions for retiree health plans (with retiree contributions equaling total plan rates minus City contributions by plan and tier).

**Table 1: Total Plan Costs for the City, Employees and Retirees in 2021 Compared to 2020 Current Membership<sup>9</sup>**

	2020	2021	Increase / (Decrease)	Percent Change
<b>City Costs Only</b>				
Kaiser HMO (Actives and Retirees)	\$319,051,840	\$332,978,135	\$13,926,295	4.36%
Blue Shield HMO (Actives and Early Retirees)	\$257,724,114	\$268,822,641	\$11,098,526	4.31%
UHC PPO (City Plan for Actives and Early Retirees, Medicare Advantage for Medicare Retirees)	\$89,245,821	\$90,030,891	\$785,070	0.88%
Subtotal Health/Basic Vision Plans (Actives and Retirees)	\$666,021,775	\$691,831,667	\$25,809,892	3.88%
Dental (Actives Only) <sup>10</sup>	\$40,157,943	\$40,409,992	\$252,049	0.63%
Long Term Disability and Life Insurance (Actives Only) <sup>11</sup>	\$8,170,000	\$8,035,000	(\$135,000)	-1.65%
<b>Total City Costs</b>	<b>\$714,349,717</b>	<b>\$740,276,659</b>	<b>\$25,926,941</b>	<b>3.63%</b>
<b>Employee and Retiree Costs Only</b>				
Kaiser HMO (Actives and Retirees)	\$38,936,112	\$40,522,783	\$1,586,671	4.08%
Blue Shield HMO (Actives and Early Retirees)	\$33,241,589	\$34,649,164	\$1,407,575	4.23%
UHC PPO (City Plan for Actives and Early Retirees, Medicare Advantage for Medicare Retirees)	\$17,016,885	\$17,966,959	\$950,074	5.58%
Subtotal Health/Basic Vision Plans (Actives and Retirees)	\$89,194,586	\$93,138,906	\$3,944,320	4.42%
Dental (Actives Only)	\$3,728,340	\$3,728,340	\$0	0.00%
Long Term Disability and Life Insurance (Actives Only)	\$813,000	\$813,000	\$0	0.00%
<b>Total Employee and Retiree Costs</b>	<b>\$93,735,926</b>	<b>\$97,680,246</b>	<b>\$3,944,320</b>	<b>4.21%</b>
<b>Total Costs</b>				
Kaiser HMO (Actives and Retirees)	\$357,987,952	\$373,500,918	\$15,512,967	4.33%
Blue Shield HMO (Actives and Early Retirees)	\$290,965,703	\$303,471,805	\$12,506,102	4.30%
UHC PPO (City Plan for Actives and Early Retirees, MA for Medicare Retirees)	\$106,262,705	\$107,997,850	\$1,735,144	1.63%
Subtotal Health/Basic Vision Plans (Actives and Retirees)	\$755,216,361	\$784,970,573	\$29,754,212	3.94%
Dental (Actives Only)	\$43,886,283	\$44,138,332	\$252,049	0.57%
Long Term Disability and Life Insurance (Actives Only)	\$8,983,000	\$8,848,000	(\$135,000)	-1.50%
<b>Total Costs</b>	<b>\$808,085,643</b>	<b>\$837,956,905</b>	<b>\$29,871,262</b>	<b>3.70%</b>

Source: San Francisco Health Service System

**POLICY CONSIDERATION****Impact of COVID-19 Health Crisis**

According to Ms. Levin, the COVID-19 health crisis largely does not impact the 2021 rates, as rates are determined by the insured plans and the Aon actuary for self-funded plans from underwriting

<sup>9</sup> According to SFHSS, both 2020 and 2021 forecasted costs are based on the May 2020 headcount.

<sup>10</sup> Dental costs are fully paid by retirees.

<sup>11</sup> Long term disability and life insurance plans are not offered to retirees.

developed using 2019 plan year experience. UHC did allow for a lower rate position in 2021 for the UHC Medicare Advantage PPO (by 3.4 percent) given expected lower claim costs in that plan during 2020 which UHC applied to their 2021 UHC Medicare Advantage PPO plan rating. Ms. Levin states that plans may experience lower paid claim amounts for the full year 2020 than originally forecast for 2020 last year at this time, due to plan utilization suppression experienced during Spring 2020 while shelter in place/stay at home public health orders were active. Ms. Levin states that any potential pandemic-related claim impacts would be accounted for in 2022 plan year rating. According to Ms. Levin, SFHSS is presently monitoring the impact of claim suppression and for increased costs should the COVID-19 health crisis impact more members in 2020 for all plans.

### **RECOMMENDATION**

Approve the proposed ordinance.



# 2020 10-COUNTY SURVEY



# OVERVIEW

## Process

The City Charter (Section A8.423) specifies that the City and County of San Francisco survey the ten most populous counties in California and collect, for each county, the amount contributed by the employer for employee-only coverage under each of the county's medical plans. The City is obligated by Charter to contribute the 10-County Survey amount toward the cost of employees' medical benefits.

The information gathered from the 10-County Survey is used to compute an average increase in employer contributions for each county. San Francisco Health Service System (SFHSS) then averages these contribution increases to arrive at the 10-County Survey amount. To put the county contribution amounts into context, SFHSS also collects information on premium increases and plan design data such as employee co-pays and contributions toward physician office visits, emergency room care, hospital stays, prescriptions and deductibles.

At the April 12, 2012 Health Service Board meeting, the Board approved the 10-County Survey Calendar Year Change Rule. This rule adjusts for gaps in 10-County data, by projecting a six-month overlap when data is not available from a surveyed county. Using this rule, a county's employer contribution for employee-only coverage is projected. The county's 10-County result for the previous year is, in most cases, trended forward six months, based on the county's average annual increase for the preceding three years.

There were no major changes to the type of plan design data collected for the 2020 plan year. Additionally, plan design data for CalPERS and SFHSS is included for informational purposes only. CalPERS and SFHSS data is not included in the 10-County Survey.

## Use of 10-County Amount in SFHSS Employer Contribution Calculations

The March 2020 10-County Survey will be applied to SFHSS rate calculations for plan year 2021. City Charter Section A8.428 defines use of the "average contribution" resulting from the 10-County Survey in employer contribution determination.

In June 2014, the impact of the "average contribution" on rates was eliminated in the calculation of premiums for almost all active employees represented by most unions, in exchange for a percentage-based employee premium contribution model. Presently SFHSS utilizes the 10-County Survey amount as one of the elements that determine SFHSS employer contributions for retirees.

In the unlikely scenario that the City's premium contribution falls below the lesser of the "average contribution" as determined by the Health Service Board pursuant to Charter Sections A8.423 and A8.428(b)(2), the City pays the difference between the Premium Contribution and the Average Contribution. In the event the premium is less than the "average contribution," the City will pay one hundred percent (100%) of the premium.

## Results and Observations

The average monthly contribution of \$729.19 for plan year 2021 is 3.30% above \$705.92, the 10-County average for plan year 2020. All counties had a change in contribution.

## 10-County Survey Calendar Year Change Rule: Example Calculation Based on Los Angeles County

For the 2020 calendar year, the average employer premium contribution for Los Angeles County medical plans is \$710.68. Per the Calendar Year Change Rule, this \$710.68 is projected forward six months, using Los Angeles County's three-year average annual premium increase trend of 3.1%. This results in the average employer premium contribution calculated at \$721.64 for Los Angeles County.

## Methodology Assessment

Historically, the 10-County methodology has been evaluated and prior-year projections have been compared to actuals. For calendar year 2020, projection-to-actual variances were reasonable, with a highest variance of 6.3%. Any variances are driven by changes in premiums and employer contributions from original projections to actuals. The overall original estimated contributions across all 10 Counties in total came very close to actual contributions for 2020 (\$706.78 actual vs. \$705.92 estimated – a variance of only 0.1%).

Average of Employer Contributions																	
County	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019	2020 Calculated	2020 Actual	3-Year Annual Trend	Months Of Trend	Trend Factor	2021 Calculation
1 Los Angeles	\$415.91	\$457.56	\$478.56	\$499.57	\$515.07	\$552.40	\$610.75	\$619.87	\$648.37	\$673.99	\$700.41	\$714.58	\$710.68	3.1%	6	1.02	\$721.64
2 San Diego	\$363.48	\$364.00	\$406.00	\$432.20	\$444.86	\$445.29	\$460.51	\$477.99	\$507.13	\$536.54	\$581.03	\$604.00	\$633.35	7.7%	6	1.04	\$657.26
3 Orange	\$372.44	\$383.75	\$434.41	\$485.10	\$506.94	\$544.46	\$567.79	\$525.51	\$517.98	\$522.83	\$534.18	\$561.78	\$574.81	3.5%	6	1.02	\$584.88
4 Riverside	\$491.27	\$488.44	\$513.02	\$537.43	\$545.54	\$606.39	\$587.21	\$616.96	\$652.09	\$673.10	\$688.85	\$689.55	\$686.15	1.7%	6	1.01	\$692.00
5 San Bernardino*	\$377.35	\$397.51	\$399.70	\$398.98	\$398.98	\$413.51	\$420.92	\$421.18	\$417.04	\$437.75	\$433.33	\$455.88	\$484.76	5.1%	12	1.05	\$509.69
6 Santa Clara*	\$563.19	\$608.44	\$655.97	\$643.13	\$643.13	\$656.34	\$776.62	\$785.13	\$917.21	\$1,008.88	\$1,018.12	\$1,078.20	\$1,018.78	3.6%	12	1.04	\$1,055.07
7 Alameda	\$497.76	\$521.89	\$541.06	\$575.00	\$588.99	\$638.47	\$622.92	\$684.14	\$687.86	\$711.48	\$720.74	\$779.27	\$741.49	2.5%	6	1.01	\$750.83
8 Sacramento	\$516.78	\$561.35	\$637.98	\$667.02	\$696.00	\$714.53	\$535.31	\$549.40	\$574.78	\$608.34	\$663.43	\$692.63	\$699.47	6.8%	6	1.03	\$722.74
9 Contra Costa	\$470.02	\$495.15	\$521.90	\$540.43	\$553.15	\$574.27	\$607.18	\$623.46	\$637.99	\$705.62	\$717.58	\$753.74	\$775.13	6.7%	6	1.03	\$800.70
10 Fresno	\$425.43	\$450.43	\$450.80	\$450.80	\$455.17	\$450.86	\$488.79	\$488.79	\$488.00	\$613.17	\$663.11	\$729.57	\$743.17	15.1%	6	1.07	\$797.13
<b>Average</b>	<b>\$449.37</b>	<b>\$472.85</b>	<b>\$503.94</b>	<b>\$522.97</b>	<b>\$534.78</b>	<b>\$559.65</b>	<b>\$567.80</b>	<b>\$579.24</b>	<b>\$604.84</b>	<b>\$649.17</b>	<b>\$672.08</b>	<b>\$705.92</b>	<b>\$706.78</b>	<b>5.3%</b>	<b>7.2</b>	<b>1.03</b>	<b>\$729.19</b>

Increase Over Prior Year													
County	2009 2010	2010 2011	2011 2012	2012 Jul-Dec	2013	2014	2015	2016	2017	2018	2019	2020	2021
1 Los Angeles	8.57%	10.01%	4.60%	4.39%	3.10%	7.25%	10.56%	1.49%	4.60%	3.95%	3.92%	2.02%	0.99%
2 San Diego	11.16%	0.14%	11.50%	6.45%	2.93%	0.10%	3.42%	3.80%	6.10%	5.80%	8.29%	3.95%	8.82%
3 Orange	9.98%	3.04%	13.20%	11.67%	4.50%	7.40%	4.28%	-7.45%	-1.43%	0.94%	2.17%	5.17%	4.11%
4 Riverside	4.60%	-0.57%	5.00%	4.76%	1.51%	11.15%	-3.16%	5.07%	5.69%	3.22%	2.34%	0.10%	0.35%
5 San Bernardino*	2.35%	5.34%	0.60%	-0.18%	0.00%	3.64%	1.79%	0.06%	-0.98%	4.96%	-1.01%	5.20%	11.81%
6 Santa Clara*	9.25%	8.04%	7.80%	-1.96%	0.00%	2.05%	18.33%	1.10%	16.82%	10.00%	0.92%	5.90%	-2.14%
7 Alameda	12.98%	4.85%	3.70%	6.27%	2.43%	8.40%	-2.44%	9.83%	0.54%	3.43%	1.30%	8.12%	-3.65%
8 Sacramento	7.49%	8.62%	13.70%	4.55%	4.34%	2.66%	-25.08%	2.63%	4.62%	5.84%	9.06%	4.40%	4.35%
9 Contra Costa	7.20%	5.35%	5.40%	3.55%	2.35%	3.82%	5.73%	2.68%	2.33%	10.60%	1.70%	5.04%	6.23%
10 Fresno	-0.03%	5.87%	0.10%	0.00%	0.97%	-0.95%	8.41%	0.00%	-0.16%	25.65%	8.14%	10.02%	9.26%
<b>Average</b>	<b>7.30%</b>	<b>5.23%</b>	<b>6.57%</b>	<b>3.78%</b>	<b>2.26%</b>	<b>4.65%</b>	<b>1.46%</b>	<b>2.02%</b>	<b>4.42%</b>	<b>7.33%</b>	<b>3.53%</b>	<b>5.04%</b>	<b>3.30%</b>

\*Plan year for these counties are not calendar year. Contributions shown for these counties are for the first six months of the calendar year and last six months of the previous year.

# 1. LOS ANGELES COUNTY

Los Angeles County		2019 Premium		2020 Premium		2019 County Contribution		2020 County Contribution		Population: 10,106,000	
Medical Plans						% +/-				% +/-	
Kaiser Permanente Choices HMO - County-sponsored		\$725.89	\$734.53	1.2%	\$725.89		\$734.53	1.2%			
CIGNA Choices Select Network HMO - County-sponsored		\$651.51	\$697.12	7.0%	\$651.51		\$697.12	7.0%			
CIGNA Choices HMO - County Sponsored		\$899.05	\$961.98	7.0%	\$899.05		\$961.98	7.0%			
CIGNA Choices POS - County Sponsored		\$1,617.70	\$1,730.94	7.0%	\$971.68		\$1,005.99	3.5%			
Blue Cross Prudent Buyer Basic- ALADS		\$1,091.43	\$1,091.27	0.0%	\$971.68		\$1,005.99	3.5%			
Blue Cross CaliforniaCare Basic- ALADS		\$758.63	\$713.26	-6.0%	\$758.63		\$713.26	-6.0%			
Blue Cross Prudent Buyer Premier- ALADS		\$1,215.39	\$1,111.16	-8.6%	\$971.68		\$1,005.99	3.5%			
Blue Cross CaliforniaCare Premier - ALADS		\$882.59	\$733.15	-16.9%	\$882.59		\$733.15	-16.9%			
Blue Shield Classic CAPE		\$1,076.00	\$1,225.00	13.8%	\$971.68		\$1,005.99	3.5%			
Blue Shield Lite CAPE		\$610.00	\$623.00	2.1%	\$610.00		\$623.00	2.1%			
Local 1014 Plan - Fire Fighters		\$861.00	\$890.00	3.4%	\$861.00		\$890.00	3.4%			
Kaiser Permanente Options - SEIU		\$682.00	\$699.88	2.6%	\$682.00		\$699.88	2.6%			
Kaiser Permanente HMO - Unrepresented		\$273.00	\$273.00	0.0%	\$273.00		\$273.00	0.0%			
Blue Cross CaliforniaCare HMO - Unrepresented		\$273.00	\$273.00	0.0%	\$273.00		\$273.00	0.0%			
Blue Cross Plus POS - Unrepresented		\$413.00	\$413.00	0.0%	\$413.00		\$413.00	0.0%			
Blue Cross Catastrophic - Unrepresented		\$93.00	\$93.00	0.0%	\$93.00		\$93.00	0.0%			
Blue Cross Prudent Buyer PPO - Unrepresented		\$528.00	\$528.00	0.0%	\$528.00		\$528.00	0.0%			
UnitedHealthcare Options HMO - SEIU		\$798.80	\$859.00	7.5%	\$798.80		\$859.00	7.5%			
UnitedHealthcare Options PPO - SEIU		\$3,599.46	\$3,774.69	4.9%	\$967.76		\$987.12	2.0%			
<b>AVERAGE</b>		<b>\$897.34</b>	<b>\$917.10</b>	<b>2.2%</b>	<b>\$700.21</b>		<b>\$710.68</b>	<b>1.5%</b>			

Los Angeles County: Medical Plan Design Summary			
	HMO	In	Out
<b>Blue Shield Lite</b>			
Deductible	None	\$400/\$800	\$400/\$800
Physicians Services	\$10 Copay	\$25 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$15/\$30	\$5/\$15/\$30	Covered emergencies only
Hospital	No Charge	80/20 After Ded	70/30 After Ded
<b>Blue Shield Classic</b>			
Deductible	None	\$300/\$600	\$300/\$600
Physicians Services	\$10 Copay	\$20 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$15/\$30	\$5/\$15/\$30	Covered emergencies only
Hospital	No Charge	90/10 After Ded	70/30 After Ded
<b>PacificCare (UnitedHealthcare Options)</b>			
Deductible	None		
Physicians Services	\$10 Copay		
Emergency Room	\$50 Copay		
Rx	\$5/\$20		
Hospital	No Charge		
<b>UnitedHealthcare</b>			
Deductible		<b>PPO - In</b>	<b>PPO - Out</b>
Physicians Services		\$300/\$1,500	\$1,500/\$3,000
Emergency Room		20% Copay	50% Copay After Ded
Rx		20% Copay After Ded	50% Copay After Ded
Hospital		\$5/\$20/\$35	Not Covered
		20% Copay After Ded	50% Copay After Ded
<b>Kaiser Permanente</b>			
Deductible	<b>Options HMO</b>	<b>Choices HMO</b>	<b>Unrep HMO</b>
Physicians Services	None	None	None
Emergency Room	\$10 Copay	\$10 Copay	\$15 Copay
Rx	\$50 Copay	\$50 Copay	\$50 Copay
Hospital	\$5/\$20	\$5/\$20	\$10/\$20
	No Charge	No Charge	No Charge

Los Angeles County: Medical Plan Design Summary			
CIGNA	HMO	POS - In	POS - Out
Deductible	None	None	\$500/\$1,000
Physicians Services	\$10 Copay	\$10 Copay	60/40 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$20	\$5/\$20	60/40 After Ded
Hospital	No Charge	\$50 Copay/Day	60/40 After Ded + \$1,000/Admit
Blue Cross California Care HMO			
	ALADS	Unrep	
Deductible	None	None	
Physicians Services	\$10 Copay	\$15 Copay	
Emergency Room	\$25 Copay	\$50 Copay	
Rx	\$5/\$15	\$10/\$20	
Hospital	No Charge	No Charge	
Blue Cross Plus POS			
	HMO	In	Out
Deductible	None	None	\$400/\$800
Physicians Services	\$15 Copay	\$25 Copay	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$10/\$20	\$10/\$20	\$10/\$20
Hospital	No Charge	80/20	70/30 + \$500/Admit After Ded
Local 1014 Plan			
	HMO		
Deductible	\$200/\$600		
Physicians Services	90/10 After Ded		
Emergency Room	\$50 Copay		
Rx	\$10/\$20/\$30+		
Hospital	90/10 After Ded		
Blue Cross			
	Catastrophic		
Deductible	\$2,000/\$4,000		
Physicians Services	75/25 After Ded		
Emergency Room	\$100 Copay then 75/25 After Ded		
Rx	\$200 Ded Then 75/25 After Ded		
Hospital	75/25 After Ded +\$500/Admit		

Los Angeles County: Medical Plan Design Summary					
Blue Cross Prudent Buyer PPO					
	ALADS - In	ALADS - Out	Unrep - In	Unrep - Out	
Deductible	\$300/\$900	\$300/\$900	\$150/\$400	\$400/\$800	
Physician Services	90/10 After Ded	70/30 After Ded	\$15 Copay	70/30 After Ded	
Emergency Room	90/10 After Ded	90/10 After Ded	\$50 Copay Then 90/10 After Ded	\$50 Copay Then 90/10 After Ded	
Rx	\$5/\$15	\$5/\$15+50%	\$10/\$20	\$10/\$20	
Hospital	90/10 After Ded	70/30 After Ded	90/10 After Ded	70/30 After Ded + \$500/Admit	

# 2. SAN DIEGO COUNTY

San Diego County		2019 Premium	2020 Premium	% +/-	2019 County Contribution	2020 County Contribution	Population: 3,343,000
Medical Plans		2019 Premium	2020 Premium	% +/-	2019 County Contribution	2020 County Contribution	% +/-
Kaiser Permanente HMO		\$530.78	\$558.58	5.2%	\$530.78	\$58.58	5.2%
Kaiser Permanente High Deductible		\$414.36	\$436.06	5.2%	\$414.36	\$436.06	5.2%
UnitedHealthCare HMO Network 1		\$678.74	\$709.44	4.5%	\$628.78	\$689.55	9.7%
UnitedHealthCare HMO Network 2		\$861.76	\$910.22	5.6%	\$628.78	\$689.55	9.7%
UnitedHealthCare HMO Alliance		\$652.42	\$680.66	4.3%	\$628.78	\$680.66	8.3%
UnitedHealthCare PPO		\$1,233.54	\$1,313.80	6.5%	\$628.78	\$689.55	9.7%
UnitedHealthCare HMO HDHP/HSA		\$976.90	\$1,091.90	11.8%	\$628.78	\$689.55	9.7%
<b>AVERAGE</b>		<b>\$764.07</b>	<b>\$814.38</b>	<b>6.6%</b>	<b>\$584.15</b>	<b>\$633.35</b>	<b>8.4%</b>

## San Diego County: Medical Plan Design Summary

Kaiser Permanente HMO		HMO
Deductible		None
Physicians Services		\$25 Copay
Emergency Room		\$125 Copay
Rx		\$10/\$20/\$30
Hospital		\$100 Copay Per Admit
Kaiser Permanente High Deductible		HD w/HSA
Deductible		\$1,500
Physicians Services		10% After Ded
Emergency Room		10% After Ded
Rx		\$10/\$20/\$30
Hospital		10% After Ded
UnitedHealthcare PPO		PPO - In
Deductible		\$300/\$600
Physicians Services		\$20 Copay
Emergency Room		\$75 Copay then 20%
Rx		\$10/\$20/\$35
Hospital		\$150 Copay then 20%
		Out
Deductible		\$600/\$1,200
Physicians Services		40% After Ded
Emergency Room		\$75 Copay then 20%
Rx		\$10/\$20/\$35
Hospital		\$300 Copay then 40%

San Diego County: Medical Plan Design Summary			
UnitedHealthcare HMO	Network 1	Network 2	Alliance
Deductible	None	None	None
Physicians Services	\$25 Copay	\$30 Copay	\$25 Copay
Emergency Room	\$125 Copay	\$200 Copay	\$125 Copay
Rx	\$10/\$20/\$35	\$10/\$20/\$35	\$10/\$20/\$35
Hospital	\$200 Copay Per Admit	\$500 Copay Per Admit	\$200 Copay Per Admit
<b>UnitedHealthcare High Deductible</b>	<b>PPO - In</b>	<b>Out</b>	
Deductible	\$2,700/\$3,000	\$3,000/\$6,000	
Physicians Services	10% After Ded	30% After Ded	
Emergency Room	10% After Ded	10% After Ded	
Rx	\$10/\$30/\$50	\$10/\$30/\$50	
Hospital	10% After Ded	30% After Ded	



# 3. ORANGE COUNTY

Orange County							Population: 3,186,000
Medical Plans	2019 Premium	2020 Premium	% +/-	2019 County Contribution	2020 County Contribution	% +/-	
Choice Wellwise PPO*	\$763.41	\$744.32	-2.5%	\$687.07	\$669.90	-2.5%	
Choice Sharewell PPO*	\$305.36	\$297.73	-2.5%	\$374.39	\$373.26	-0.3%	
CIGNA HMO Choice*	\$771.63	\$810.73	5.1%	\$694.47	\$729.67	5.1%	
CIGNA HMO Select** **		\$675.72			\$608.16		
Kaiser Permanente HMO Choice*	\$522.08	\$547.86	4.9%	\$469.87	\$493.08	4.9%	
<b>AVERAGE</b>	<b>\$590.62</b>	<b>\$615.27</b>	<b>4.2%</b>	<b>\$556.45</b>	<b>\$574.81</b>	<b>3.3%</b>	

\*Current county contributions assume wellness participation.

\*\* New in 2020

## Orange County: Medical Plan Design Summary

Wellwise PPO	In	Out
Deductible	\$500/\$1,000	\$750/\$1,500
Physicians Services	90/10	70/30
Emergency Room	90/10	90/10
Rx	20%/25%/30%	Not Covered
Hospital	90/10	70/30
Sharewell PPO	In	Out
Deductible	\$5,000 Per Family	\$5,000 Per Family
Physicians Services	90/10	70/30
Emergency Room	90/10	90/10
Rx	80/20	80/20
Hospital	90/10	70/30
CIGNA	HMO	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30/\$50	
Hospital	\$100 Per Admit	
Kaiser Permanente	HMO	
Deductible	None	
Physicians Services	\$20 Copay	
Emergency Room	\$50 Copay	
Rx	\$10/\$30	
Hospital	\$100 Per Admit	

# 4. RIVERSIDE COUNTY

Riverside County		Population: 2,451,000				
Medical Plans	2019 Premium	2020 Premium	% +/-	2019 County Contribution	2020 County Contribution	% +/-
UnitedHealthCare HMO	\$806.64	\$1,127.74	39.8%	\$806.64	\$859.18	6.5%
Kaiser Permanente HMO	\$668.84	\$733.60	9.7%	\$668.84	\$733.60	9.7%
Exclusive Care EPO	\$587.76	\$587.76	0.0%	\$587.76	\$587.76	0.0%
UnitedHealthCare PPO	\$1,806.80	\$2,246.66	24.3%	\$841.15	\$859.18	2.1%
Blue Shield HMO - PERS	\$760.04	\$813.18	7.0%	\$760.04	\$813.18	7.0%
Kaiser Permanente HMO - PERS	\$628.64	\$628.64	0.0%	\$628.64	\$628.64	0.0%
PERSCare	\$907.30	\$907.30	0.0%	\$841.15	\$859.18	2.1%
PERS Choice	\$721.12	\$721.12	0.0%	\$721.12	\$721.12	0.0%
PORAC - PERS	\$774.00	\$699.00	-9.7%	\$774.00	\$699.00	-9.7%
PERS Select	\$462.72	\$435.74	-5.8%	\$462.72	\$435.74	-5.8%
Anthem Select HMO	\$625.08	\$619.94	-0.8%	\$625.08	\$619.94	-0.8%
Anthem Traditional HMO	\$830.90	\$902.64	8.6%	\$830.90	\$859.18	3.4%
Health Net Salud y Mas	\$427.82	\$392.32	-8.3%	\$427.82	\$392.32	-8.3%
Health Net SmartCare	\$642.72	\$648.42	0.9%	\$642.72	\$648.42	0.9%
Sharp	\$593.66	\$593.66	0.0%	\$593.66	\$593.66	0.0%
UnitedHealthcare	\$646.66	\$668.32	3.3%	\$646.66	\$668.32	3.3%
<b>AVERAGE</b>	<b>\$743.17</b>	<b>\$795.38</b>	<b>7.0%</b>	<b>\$678.68</b>	<b>\$686.15</b>	<b>1.1%</b>

Riverside County: Medical Plan Design Summary			
UnitedHealthcare	HMO	PPO - In	PPO - Out
Deductible	None	\$500/\$1,000	\$500/\$1,000
Physicians Services	\$15 Copay	\$20 Copay	40% After Ded
Emergency Room	\$100 Copay	\$50 Copay	\$50 Copay
Rx	\$10/\$25/\$50	\$5/\$15/\$45	\$5/\$15/\$45
Hospital	\$100 Copay	80/20 After ded	60/40 After ded
Kaiser Permanente			
	HMO		
Deductible	None		
Physicians Services	\$15 Copay		
Emergency Room	\$100 Copay		
Rx	\$10/\$25		
Hospital	\$100 Copay		
Exclusive Care			
	EPO		
Deductible	None		
Physicians Services	\$15 Copay		
Emergency Room	\$100 Copay		
Rx	\$10/\$25/\$50		
Hospital	\$100 Copay		

# 5. SAN BERNARDINO COUNTY

San Bernardino County		2018-19 Premium		2019-20 Premium		2018-19 County Contribution		2019-20 County Contribution		Population: 2,172,000	
Medical Plans						% +/-				% +/-	
Kaiser Permanente HMO		\$636.24	\$647.51	\$418.40	\$452.41	1.8%	\$418.40	\$452.41	8.1%		
Kaiser Permanente Choice HMO*			\$562.34		\$442.10			\$442.10			
Blue Shield Signature HMO		\$549.53	\$562.08	\$415.94	\$439.67	2.3%	\$415.94	\$439.67	5.7%		
Blue Shield Access+ HMO*			\$488.37		\$439.67			\$439.67			
Blue Shield PPO		\$1,020.28	\$1,043.64	\$418.40	\$445.25	2.3%	\$418.40	\$445.25	6.4%		
Blue Shield Needles PPO		\$1,151.43	\$1,177.82	\$535.03	\$689.46	2.3%	\$535.03	\$689.46	28.9%		
<b>AVERAGE</b>		<b>\$839.37</b>	<b>\$746.96</b>	<b>\$446.94</b>	<b>\$484.76</b>	<b>-11.0%</b>			<b>8.5%</b>		

\*New in 2019-20

## San Bernardino County: Medical Plan Design Summary

	HMO		Choice HMO	
	Tier 1 - HMO	Tier 2 - PPO	Tier 1 - HMO	Tier 2 - PPO
<b>Kaiser Permanente</b>				
Deductible	None	None	None	None
Physicians Services	\$10 Copay	\$40 Copay	\$40 Copay	\$40 Copay
Emergency Room	\$50 Copay	\$150 Copay	\$150 Copay	\$150 Copay
Rx	\$10/\$15	\$15/\$35	\$15/\$35	\$15/\$35
Hospital	No Charge	\$500 per day	\$500 per day	\$500 per day
<b>Blue Shield Signature HMO</b>				
Deductible	None	None	None	None
Physicians Services	\$10 Copay	\$30 Copay	\$30 Copay	\$30 Copay
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$10/\$25	Not covered	Not covered	Not covered
Hospital	No Charge	Not covered	Not covered	Not covered
<b>Blue Shield Access+ HMO</b>				
Deductible	None	None	None	None
Physicians Services	\$40 Copay	\$40 Copay	\$40 Copay	\$40 Copay
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$5/\$10/\$25	\$5/\$10/\$25	\$5/\$10/\$25	\$5/\$10/\$25
Hospital	\$100/admission plus 20% for facility services	\$100/admission plus 20% for facility services	\$100/admission plus 20% for facility services	\$100/admission plus 20% for facility services
<b>Blue Shield PPO</b>				
Deductible	\$250/\$500	\$250/\$500	\$250/\$500	\$250/\$500
Physicians Services	\$10 Copay	70/30 After ded	70/30 After ded	70/30 After ded
Emergency Room	\$50 Copay plus 20% After Ded	\$50 Copay plus 20% After Ded	\$50 Copay plus 20% After Ded	\$50 Copay plus 20% After Ded
Rx	\$15/\$30/\$30	\$15/\$30/\$30 + 25% of billed amount	\$15/\$30/\$30 + 25% of billed amount	\$15/\$30/\$30 + 25% of billed amount
Hospital	80/20 After ded	70/30 After ded	70/30 After ded	70/30 After ded
<b>Blue Shield Needles PPO</b>				
Deductible	None	\$250/\$750	\$250/\$750	\$250/\$750
Physicians Services	\$10 Copay	70/30 After Ded	70/30 After Ded	70/30 After Ded
Emergency Room	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Rx	\$10/\$15/\$15	\$10/\$15/\$15+25% of billed amount	\$10/\$15/\$15+25% of billed amount	\$10/\$15/\$15+25% of billed amount
Hospital	No charge	70/30 After Ded	70/30 After Ded	70/30 After Ded

# 6. SANTA CLARA COUNTY

Santa Clara County		2018-19 Premium		2019-20 Premium		% +/-		2018-19 County Contribution		2019-20 County Contribution		Population: 1,938,000	
Medical Plans												% +/-	
Kaiser Permanente HMO		\$698.40		\$729.32		4.4%		\$692.75		\$723.34		4.4%	
Valley Health HMO		\$960.27		\$1,005.40		4.7%		\$942.36		\$986.78		4.7%	
Health Net POS		\$1,398.74		\$1,392.04		-0.5%		\$1,352.88		\$1,346.21		-0.5%	
<b>AVERAGE</b>		<b>\$1,019.14</b>		<b>\$1,042.25</b>		<b>2.3%</b>		<b>\$996.00</b>		<b>\$1,018.78</b>		<b>2.3%</b>	

Santa Clara County: Medical Plan Design Summary		HMO		HMO		PPO		OUT	
<b>Kaiser Permanente</b>		None		None		None		None	
Deductible		None		None		None		None	
Physicians Services		\$10 Copay		No Charge		\$20 Copay		\$200/PMPY	
Emergency Room		\$35 Copay		No Charge		\$75 Copay		70/30	
Rx		\$5/\$10		No Charge		\$5/\$15/\$30		\$5/\$15/\$30	
Hospital		\$100 per admit		No Charge		90/10		70/30	
<b>Valley Health</b>		HMO		HMO		PPO		OUT	
Deductible		None		None		None		None	
Physicians Services		No Charge		No Charge		\$20 Copay		70/30	
Emergency Room		No Charge		No Charge		\$75 Copay		70/30	
Rx		No Charge		No Charge		\$5/\$15/\$30		\$5/\$15/\$30	
Hospital		No Charge		No Charge		90/10		70/30	
<b>HealthNet POS</b>		HMO		HMO		PPO		OUT	
Deductible		None		None		None		None	
Physicians Services		\$15 Copay		No Charge		\$20 Copay		\$200/PMPY	
Emergency Room		\$50 Copay		No Charge		\$75 Copay		70/30	
Rx		\$5/\$15/\$30		No Charge		\$5/\$15/\$30		\$5/\$15/\$30	
Hospital		No Charge		No Charge		90/10		70/30	

# 7. ALAMEDA COUNTY

Alameda County		Population: 1,667,000				
Medical Plans	2019-20 Premium	2020-21 Premium	% +/-	2019-20 County Contribution	2020-21 County Contribution	% +/-
UnitedHealthcare Premium HMO	\$1,047.16	\$1,087.80	3.9%	\$916.26	\$953.18	4.0%
Kaiser Permanente Premium HMO	\$728.02	\$747.42	2.7%	\$637.02	\$654.93	2.8%
Kaiser Permanente Standard HMO	\$676.64	\$694.66	2.7%	\$592.06	\$608.70	2.8%
UnitedHealthcare Advantage Premium HMO	\$980.94	\$831.92	-15.2%	\$858.32	\$728.97	-15.1%
UnitedHealthcare Advantage Standard HMO	\$876.56	\$743.40	-15.2%	\$767.00	\$651.41	-15.1%
UnitedHealthcare Standard HMO	\$935.74	\$972.04	3.9%	\$818.78	\$851.76	4.0%
<b>AVERAGE</b>	<b>\$874.18</b>	<b>\$846.21</b>	<b>-3.2%</b>	<b>\$764.91</b>	<b>\$741.49</b>	<b>-3.1%</b>

Alameda County: Medical Plan Design Summary			
UnitedHealthcare	Premium HMO	Standard HMO	
Deductible	None	None	
Physicians Services	\$15 Copay	\$40 Copay	
Emergency Room	\$50 Copay	\$100 Copay	
Rx	\$10/\$25/\$35	\$25/\$35/\$50	
Hospital	No Charge	\$500 Copay	
Kaiser Permanente	Premium HMO	Standard HMO	
Deductible	None	None	
Physicians Services	\$15 Copay	\$40 Copay	
Emergency Room	\$50 Copay	\$100 Copay	
Rx	\$15/\$15	\$15/\$30	
Hospital	No Charge	\$500 Copay	

# 8. SACRAMENTO COUNTY

Sacramento County		2019 Premium		2020 Premium		2019 County Contribution		2020 County Contribution		Population: 1,541,000	
Medical Plans						% +/-				% +/-	
Western Health Advantage HMO		\$734.92	\$766.12	4.2%	\$734.92		\$766.12	4.2%			
Sutter Health Plus HMO		\$765.58	\$803.30	4.9%	\$765.58		\$803.30	4.9%			
Kaiser Permanente HMO 15		\$784.88	\$820.10	4.5%	\$784.88		\$820.10	4.5%			
Western Health Advantage HDHP		\$559.10	\$583.00	4.3%	\$559.10		\$583.00	4.3%			
Sutter Health Plus HDHP		\$562.64	\$591.32	5.1%	\$562.64		\$591.32	5.1%			
Kaiser Permanente HDHP HMO		\$613.38	\$633.00	3.2%	\$613.38		\$633.00	3.2%			
<b>AVERAGE</b>		<b>\$670.08</b>	<b>\$699.47</b>	<b>4.4%</b>	<b>\$670.08</b>		<b>\$699.47</b>	<b>4.4%</b>			

Sacramento County: Medical Plan Design Summary		HMO	HDHP - HMO
<b>Sutter Health Plus</b>			
Deductible	None		\$1,400/\$2,800
Physicians Services	\$15 Copay		No Charge After Ded
Emergency Room	\$35 Copay		No Charge After Ded
Rx	\$10/\$20/\$35		\$10/\$20/\$35 After Ded
Hospital	No Charge		No Charge After Ded
<b>Western Health Advantage</b>			
Deductible	None		\$1,400/\$2,800
Physicians Services	\$15 Copay		No Charge After Ded
Emergency Room	\$35 Copay		No Charge After Ded
Rx	\$10/\$20/\$35		\$10/\$20/\$35 After Ded
Hospital	No Charge		No Charge After Ded
<b>Kaiser Permanente</b>			
Deductible	None		\$1,400/\$2,800
Physicians Services	\$15 Copay		No Charge After Ded
Emergency Room	\$35 Copay		No Charge After Ded
Rx	\$10/\$20		\$10/\$20 After Ded
Hospital	No Charge		No Charge After Ded

# 9. CONTRA COSTA COUNTY

Contra Costa County		2020 Premium		2019 Premium		2020 Premium		% +/-		2019 County Contribution		2020 County Contribution		Population: 1,150,000	
Medical Plans		2020 Premium		2019 Premium		2020 Premium		% +/-		2019 County Contribution		2020 County Contribution		% +/-	
CCHP Plan A		\$844.19	\$927.48	\$844.19	\$927.48	\$689.54	\$927.48	9.9%	\$689.54	\$800.19	\$689.54	\$800.19	16.0%		
CCHP Plan B		\$935.80	\$1,028.12	\$935.80	\$1,028.12	\$758.05	\$1,028.12	9.9%	\$758.05	\$849.09	\$758.05	\$849.09	12.0%		
Health Net HMO Plan A		\$1,736.92	\$1,885.66	\$1,736.92	\$1,885.66	\$1,167.25	\$1,885.66	8.6%	\$1,167.25	\$1,508.53	\$1,167.25	\$1,508.53	29.2%		
Health Net HMO Plan B		\$1,207.82	\$1,311.25	\$1,207.82	\$1,311.25	\$909.97	\$1,311.25	8.6%	\$909.97	\$1,049.00	\$909.97	\$1,049.00	15.3%		
Health Net SmartCare HMO A*			\$1,322.48		\$1,322.48					\$863.57		\$863.57			
Health Net SmartCare HMO B*			\$942.98		\$942.98					\$711.77		\$711.77			
Health Net PPO Plan A		\$2,380.36	\$2,737.41	\$2,380.36	\$2,737.41	\$1,309.55	\$2,737.41	15.0%	\$1,309.55	\$1,425.48	\$1,309.55	\$1,425.48	8.9%		
Kaiser Permanente HMO Plan A		\$917.98	\$920.00	\$917.98	\$920.00	\$634.98	\$920.00	0.2%	\$634.98	\$713.71	\$634.98	\$713.71	12.4%		
Kaiser Permanente HMO Plan B		\$739.46	\$741.09	\$739.46	\$741.09	\$571.00	\$741.09	0.2%	\$571.00	\$618.29	\$571.00	\$618.29	8.3%		
Kaiser Permanente HDHP		\$559.68	\$560.90	\$559.68	\$560.90	\$499.75	\$560.90	0.2%	\$499.75	\$504.81	\$499.75	\$504.81	1.0%		
Anthem Select - PERS		\$831.44	\$868.98	\$831.44	\$868.98	\$686.86	\$868.98	4.5%	\$686.86	\$705.63	\$686.86	\$705.63	2.7%		
Anthem Traditional - PERS		\$1,111.13	\$1,184.84	\$1,111.13	\$1,184.84	\$759.82	\$1,184.84	6.6%	\$759.82	\$796.68	\$759.82	\$796.68	4.9%		
Blue Shield Access+ - PERS*			\$1,127.77		\$1,127.77					\$706.43		\$706.43			
Blue Shield Trio - PERS*			\$833.00		\$833.00					\$628.61		\$628.61			
Health Net Smartcare - PERS		\$901.55	\$1,000.52	\$901.55	\$1,000.52	\$671.90	\$1,000.52	11.0%	\$671.90	\$721.38	\$671.90	\$721.38	7.4%		
CCHP Plan A Alternate - PERS		\$1,034.68	\$1,137.10	\$1,034.68	\$1,137.10	\$730.15	\$1,137.10	9.9%	\$730.15	\$781.36	\$730.15	\$781.36	7.0%		
Kaiser Permanente HMO - PERS		\$768.25	\$768.49	\$768.25	\$768.49	\$628.49	\$768.49	0.0%	\$628.49	\$628.61	\$628.49	\$628.61	0.0%		
PERS Care		\$1,131.68	\$1,133.14	\$1,131.68	\$1,133.14	\$725.39	\$1,133.14	0.1%	\$725.39	\$726.12	\$725.39	\$726.12	0.1%		
PERS Choice		\$866.27	\$861.18	\$866.27	\$861.18	\$674.62	\$861.18	-0.6%	\$674.62	\$672.07	\$674.62	\$672.07	-0.4%		
PORAC - PERS		\$774.00	\$774.00	\$774.00	\$774.00	\$658.11	\$774.00	0.0%	\$658.11	\$658.11	\$658.11	\$658.11	0.0%		
PERS Select		\$543.19	\$520.29	\$543.19	\$520.29	\$529.19	\$520.29	-4.2%	\$529.19	\$520.28	\$529.19	\$520.28	-1.7%		
UnitedHealthcare - PERS*			\$899.94		\$899.94					\$638.41		\$638.41			
Western Health Advantage - PERS		\$767.01	\$731.96	\$767.01	\$731.96	\$599.86	\$731.96	-4.6%	\$599.86	\$599.86	\$599.86	\$599.86	0.0%		
<b>AVERAGE</b>		<b>\$1,002.86</b>	<b>\$1,052.98</b>	<b>\$1,002.86</b>	<b>\$1,052.98</b>	<b>\$733.58</b>	<b>\$1,052.98</b>	<b>5.0%</b>	<b>\$733.58</b>	<b>\$775.13</b>	<b>\$733.58</b>	<b>\$775.13</b>	<b>5.7%</b>		

\*New in 2020.



**Contra Costa County - Medical Plan Design Summary**

	PLAN A		PLAN B		PLAN A - Out	SmartCare HMO A	SmartCare HMO B
	CCHP	HMO	HMO	PLAN A - In			
Deductible	None	None	None				
Physicians Services	No Charge	\$5 Copay	\$5 Copay				
Emergency Room	No Charge	No Charge	No Charge				
Rx	No Charge	\$3 Per Rx	\$3 Per Rx				
Hospital	No Charge	No Charge	No Charge				
<b>HealthNet</b>	<b>HMO</b>	<b>PLAN A - In</b>	<b>PLAN A - Out</b>	<b>SmartCare HMO A</b>	<b>SmartCare HMO B</b>		
Deductible	None	\$250/\$750	\$250/\$750	None	None	None	None
Physicians Services	\$10/\$20 Copay	\$10 Copay	70/30	\$15	\$30	\$30	\$30
Emergency Room	\$25	\$50 + 10% Co-Ins	\$50 + 10% Co-Ins	\$50	\$50	\$100	\$100
Rx	\$10/\$20/\$35	\$5	\$5	\$10/\$20/\$35	\$10/\$30/\$50	\$10/\$30/\$50	\$10/\$30/\$50
Hospital	No Charge	90/10	70/30	No Charge	\$1,500	\$1,500	\$1,500
<b>Kaiser Permanente</b>	<b>PLAN A</b>	<b>PLAN B</b>	<b>HDHP</b>				
Deductible	None	\$500/\$1,000	\$1,500/\$3,000				
Physicians Services	\$10 Copay	\$20 Copay	90/10 After Ded				
Emergency Room	\$10 Copay	90/10 After Ded	90/10 After Ded				
Rx	\$10/\$20	\$10/\$30	\$10/\$30 After Ded				
Hospital	No Charge	90/10 After Ded	90/10 After Ded				

# 10. FRESNO COUNTY

Fresno County		2019 Premium	2020 Premium	% +/-	2019 County Contribution	2020 County Contribution	Population: 994,000
Medical Plans							% +/-
Kaiser Permanente \$15 HMO		\$855.87	\$913.62	6.7%	\$689.00	\$743.17	7.9%
Blue Cross EPO		\$891.19	\$913.62	2.5%	\$689.00	\$743.17	7.9%
Blue Cross PPO		\$1,244.07	\$1,250.58	0.5%	\$689.00	\$743.17	7.9%
Blue Cross PPO \$1,000		\$938.13	\$944.82	0.7%	\$689.00	\$743.17	7.9%
Blue Cross HDPPO \$1,500		\$855.69	\$862.14	0.8%	\$689.00	\$743.17	7.9%
Blue Cross HDPPO \$3,000		\$709.51	\$743.17	4.7%	\$689.00	\$743.17	7.9%
<b>AVERAGE</b>		<b>\$915.74</b>	<b>\$937.99</b>	<b>2.4%</b>	<b>\$689.00</b>	<b>\$743.17</b>	<b>7.9%</b>

## 10. Fresno County: Medical Plan Design Summary

Kaiser Permanente		HMO
Deductible		None
Physicians Services		\$15 per visit
Emergency Room		\$100 per visit
Rx		\$10/\$20
Hospital		No Charge
Blue Cross		EPO
Deductible		None
Physicians Services		\$15 per visit
Emergency Room		\$100 per visit
Rx		Carved out
Hospital		No Charge
Blue Cross		HDPPPO - IN
Deductible		\$3,000/\$6,000
Physicians Services		\$0 Copay After Ded
Emergency Room		\$0 Copay After Ded
Rx		\$0 Copay After Ded
Hospital		\$0 Copay After Ded
Blue Cross		PPO
Deductible		\$250/\$500
Physicians Services		\$20 per visit
Emergency Room		\$0 Copay After Ded
Rx		Carved out
Hospital		No Charge

# CALPERS

## 2020 CalPERS Health Plan Summaries

	Kaiser Permanent HMO	Blue Shield Access+ HMO	Western Health Advantage HMO	PERS Select	PERS Choice	PERS Care	Anthem Blue Cross EPO & HMO	Health Net EPO & HMO	UnitedHealthcare SignatureValue
	In	Out	In	Out	In	Out	In	Out	
<b>Annual Deductible</b>	N/A	N/A	N/A	\$1,000/\$2,000	\$500/\$1,000	\$500/\$1,000	N/A	N/A	N/A
<b>Hospital (Inpatient)</b>	No Charge	No Charge	No Charge	80%/20% 60%/40%	80%/20% 60%/40%	90%/10%, \$250 Deductible	No Charge	No Charge	No Charge
<b>Emergency Room</b>	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	80%/20%, \$50 Deductible	80%/20%, \$50 Deductible	90%/10%, \$50 Deductible	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted	\$50 Copay Waived if Admitted
<b>Office Visits</b>	\$15 Copay	\$15 Copay	\$15 Copay	\$35 Copay 60%/40%	\$20 Copay 60%/40%	\$20 Copay 60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
<b>Urgent Care</b>	\$15 Copay	\$15 Copay	\$15 Copay	\$35 Copay 60%/40%	\$35 Copay 60%/40%	\$35 Copay 60%/40%	\$15 Copay	\$15 Copay	\$15 Copay
<b>Rx - Retail</b>	\$5/\$20	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50	\$5/\$20/\$50
<b>Rx - Mail Order</b>	\$10/\$40	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100	\$10/\$40/\$100
<b>Infertility Treatment</b>	50%/50%	50%/50%	50%/50%	Not Covered	Not Covered	Not Covered	50%/50%	50%/50%	50%/50%
<b>Acupuncture</b>	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay 60%/40% Limit 20 Visits/Yr.	\$15 Copay 60%/40% Limit 20 Visits/Yr.	\$15 Copay 60%/40% Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.
<b>Chiropractic</b>	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay 60%/40% Limit 20 Visits/Yr.	\$15 Copay 60%/40% Limit 20 Visits/Yr.	\$15 Copay 60%/40% Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.	\$15 Copay Limit 20 Visits/Yr.

For informational purposes only. CalPERS data is not included in the 10-County Survey.

# SFHSS ACTIVE EMPLOYEE PLANS

## 2020 SFHSS Active Employee Plans

	Kaiser Permanente HMO	Blue Shield of CA Access+ HMO and Trio HMO	UnitedHealthcare PPO (City Plan)
<b>Annual Deductible</b>	No deductible	No deductible	\$250 employee (in-network) \$500 employee +1 (in-network) \$750 employee +2 or more (in-network)
<b>Hospital (Inpatient)</b>	\$100 Copay (per admission)	\$200 Copay (per admission)	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
<b>Emergency Room</b>	\$100 Copay (waived if admitted)	\$100 Copay (waived if admitted)	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
<b>Ambulance Services</b>	No charge	\$50 Copay	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
<b>Office Visits</b>	\$20 Copay	\$25 Copay	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
<b>Urgent Care</b>	\$20 Copay	\$25 Copay (in-network)	85% covered after deductible (in-network) 50% covered after deductible (out-of-network)
<b>Rx - Retail 30-day supply</b>	\$5 (generic) \$15 (brand)	\$10 (generic) \$25 (brand) \$50 (non-formulary)	\$10/\$25/\$50 Copay (30-day supply) generic/brand/non-formulary (in-network) 50% covered after \$5/\$20/\$45 Copay (30-day supply) generic/brand/non-formulary (out-of-network)
<b>Rx - Mail Order 90-day supply</b>	\$10 (100-day supply/generic) \$30 (100-day supply/brand)	\$20 (90-day supply/generic) \$50 (90-day supply/brand) \$100 (90-day supply/non-formulary)	\$20/\$50/\$100 Copay (90-day supply) generic/brand/non-formulary (in-network) Out-of-network is <i>not</i> covered.
<b>Infertility Treatment</b>	50% (in-network)	50% (in-network)	50% After Ded (in-network) 50% After Ded (out-of-network)
<b>Acupuncture</b>	\$15 Copay (up to combined total of 30 chiropractic and acupuncture visits per year) (ASH-network)	\$15 Copay (limit 30 visits per year) (ASH-network)	50% After Ded (in-network) 50% After Ded (out-of-network) (limit \$1,000 maximum for each per plan year)
<b>Chiropractic</b>	\$15 Copay (up to a combined total of 30 chiropractic and acupuncture visits/yr. (ASH-network)	\$15 Copay (limit 30 visits per year) (ASH-network)	50% After Ded (in-network) 50% After Ded (out-of-network) (limit \$1,000 maximum for each per plan year)

For informational purposes only. SFHSS data is not included in the 10-County Survey. The UnitedHealthcare PPO (City Plan) health plan is administered by UnitedHealthcare.



June 17, 2020

Board of Supervisors  
City and County of San Francisco  
City Hall, Room 244  
1 Dr. Carlton B. Goodlett Place  
San Francisco, CA 94102

**RE: January 1, 2021 to December 31, 2021 Health, Life Insurance, and Long-Term Disability Plan Benefits, Rates and Contributions**

Honorable Members of the Board of Supervisors:

This letter serves to document our position as the consultant and actuary to the San Francisco Health Service System (“SFHSS”) with regard to the completed rates and contribution setting process for SFHSS health, life insurance, and long-term disability plans into the plan year from January 1, 2021 to December 31, 2021. Four employers (referred to as the “Four Employers” in this letter) offer plans through SFHSS, which are documented in this letter, to active employees and retirees:

- City and County of San Francisco, or CCSF (all plans documented in this letter);
- San Francisco Unified School District, or USD (medical and vision plans only);
- San Francisco Community College District, or CCD (medical and vision plans only); and
- The Superior Courts, or CRT (all plans documented in this letter).

The 2021 plan year rates and contribution setting process was concluded on June 11, 2020 under the direction of the Rates and Benefits Committee (“Committee”) of the Health Service Board (“HSB”). This report will reference attached exhibits, as well as tables embedded in this letter.

In our opinion, the rate and contribution determination process for the 2021 plan year was completed in a comprehensive manner. Specifically, it is our professional opinion that:

- The premium rates for all fully insured plans, and the administrative and other fees for all self-funded and flex-funded plans, agree with SFHSS' vendors' final rates and represent a fair price given the services provided, and;
- The premium equivalents set for the SFHSS self-funded and flex-funded programs—UnitedHealthcare (“UHC”) City Plan, Blue Shield of California (“BSC”) flex-funded Access+ and Trio plans, and Delta Dental of California (“Delta Dental”) PPO plan for active employees—represent our best estimate of future expenditures based on the information available at the time these rates were developed. Existing Trust Fund assets are expected to be sufficient to protect the SFHSS Trust Fund against adverse claims experience.



## Legislative Update

### **The Patient Protection and Affordable Care Act (PPACA)**

PPACA continues as law, and thus SFHSS continues to work with all four employers served by the Trust—CCSF, USD, CCD, and CRT—to assure compliance with PPACA requirements continues. Some elements have been deferred indefinitely, such as the automatic enrollment requirement. Other provisions continue to be in effect. Below is a brief explanation of the provisions that have the greatest effect.

### **PPACA Reporting Requirements**

Under PPACA, employers are required to provide reporting to both employees as well as the Internal Revenue Service (IRS). This reporting requirement remains even though the individual mandate penalty moved to \$0 for the 2019 plan year and forward. The purpose of the reporting is as follows:

- Establish that the plan sponsor complied with PPACA's employer mandate by making an offer of affordable, minimum value health care coverage to its full-time employees (PPACA defines a full-time employee as an employee who is employed, on average, at least 30 hours of service per week, or 130 hours of service in a calendar month.);
- Provide individuals with information on their employer-provided health care coverage so they can establish compliance with the individual mandate to purchase health care coverage;
- Help the IRS determine whether individuals who have purchased coverage from a public exchange are entitled to a subsidy; and
- Help the IRS determine applicable penalties for failure to comply with the individual mandate.

Reporting started in 2016 with 2015 calendar year information on Forms 1094 and 1095 and remains an annual requirement. SFHSS successfully met this requirement for the past four years by creating over 60,000 IRS forms each year to employees and electronically reporting to the IRS.

### **PPACA Legislative Fees**

In 2010, the Patient Protection and Affordable Care Act (PPACA) created a Health Insurance Tax and two direct fees which were passed to employers—the Transitional Reinsurance Fee (TRF) and the Patient Centered Outcomes Research Institute (PCORI) Fee. The TRF fee expired at the end of 2016, and will not apply in 2021 or future years. The PCORI fee, originally set to expire after 2019, was extended through 2029 as part of the SECURE Act passed by the federal government in December 2019, and is included in the 2021 fully insured plan premiums. The 2021 PCORI fee is not yet known, but should be slightly higher than the \$2.54 per covered life per year fee in 2020.

For the 2020 plan year, the Health Insurance Tax (HIT) impacted most fully insured health plans offered through SFHSS, including dental and vision plans. This fee has applied most years since PPACA became law, though the federal government waived this fee for 2017 and 2019 plan years. As of today, the HIT is permanently terminated for plan years beginning January 1, 2021.



## Contributions Under the 10-County Survey

Per City Charter Section A8.428, the employer contribution towards medical benefits is determined by the results of a survey of the dollar premium contributions provided by the ten most populous counties in California, excluding San Francisco. In the June 2014 CCSF collective bargaining process, the 10-County Survey (“Survey”) was eliminated for the majority of the CCSF unions in the calculation of premium contributions for active employees in exchange for a percentage-based employee premium contribution. The Survey remains in use as a basis for calculating retiree premium contributions. For the 2021 plan year, the Survey, based on 2020 rates, determined the average monthly contribution increased 3.30% from \$705.92 to \$729.19. The full Survey report is contained as an Appendix to this letter and was presented at the March 12, 2020 HSB meeting. It is also accessible at [sfhss.org](http://sfhss.org).

## Year-Over-Year Medical Plan Cost Comparison for All Four Employers

Annual aggregated costs for all medical plans offered by SFHSS (through UHC, Kaiser, and BSC) to active employees, early retirees, and Medicare retirees are shown in Table 1 below.

Table 1—All Four Employers			
January 1, 2021 to December 31, 2021 Aggregate Medical Plans Cost (\$ millions)			
	Aggregate Member Contributions (a)	Aggregate Employer Contributions (b)	Aggregate Plan Cost (a + b)
<b>Current (2020) Rates</b>	<b>\$105.7</b>	<b>\$812.7</b>	<b>\$918.4</b>
<b>Final Renewal (2021) Rates</b>	<b>\$110.3</b>	<b>\$843.6</b>	<b>\$953.9</b>
\$ Difference	\$4.6	\$30.9	\$35.5
% Difference	4.35%	3.80%	3.87%

Per Table 1 above, we expect an increase in aggregate medical plan costs totaling \$35.5 million, or 3.87%, for the SFHSS medical plans (including Basic Plan vision coverage costs and the SFHSS Healthcare Sustainability Fund charge—both of which remain at 2020 levels) for the 2021 plan year. This increase in costs will be split between the members and employers with member contributions increasing \$4.6 million and employer contributions increasing \$30.9 million. These costs are projected based on May 2020 plan enrollment.



## Current CCSF Health Plan Employer Contribution Strategy—Active Employees

Most negotiated contribution algorithms for CCSF covered employees fall into two models. The models reflect CCSF's percentage of the contribution; they are **(1) 93 / 93 / 83** contribution model, and **(2) 100 / 96 / 83** contribution model.

### 1) 93 / 93 / 83 Contribution Model:

- a) **Employee Only.** For single-covered employees (Employee Only) who enroll in any health plan offered through the San Francisco Health Service System (SFHSS), CCSF shall contribute ninety-three percent (93%) of the total health insurance premium / premium equivalent provided. However, CCSF's contribution shall be capped at ninety-three percent (93%) of the Employee Only premium / premium equivalent of the second-highest-cost plan.
- b) **Employee Plus One.** For employees with one dependent who elect to enroll in any health plan offered through SFHSS, CCSF shall contribute ninety-three percent (93%) of the total health insurance premium / premium equivalent provided. However, CCSF's contribution shall be capped at ninety-three percent (93%) of the Employee Plus One premium / premium equivalent of the second-highest-cost plan.
- c) **Employee Plus Two or More.** For employees with two or more dependents who elect to enroll in any health plan offered through SFHSS, CCSF shall contribute eighty-three (83%) of the total health insurance premium / premium equivalent provided. However, CCSF's contribution shall be capped at eighty-three percent (83%) of the Employee Plus Two or More premium / premium equivalent of the second-highest-cost plan.

### 2) 100 / 96 / 83 Contribution Model:

- a) **Employee Only.** For single-covered employees (Employee Only) who enroll in any health plan offered through SFHSS, CCSF shall contribute one hundred percent (100%) of the total health insurance premium / premium equivalent.
- b) **Employee Plus One.** For employees with one dependent who elect to enroll in any health plan offered through SFHSS, CCSF shall contribute ninety-six percent (96%) of the total health insurance premium / premium equivalent provided. However, CCSF's contribution shall be capped at ninety-six percent (96%) of the Employee Plus One premium / premium equivalent of the second-highest-cost plan.
- c) **Employee Plus Two or More.** For employees with two or more dependents who elect to enroll in any health plan offered through SFHSS, CCSF shall contribute eighty-three (83%) of the total health insurance premium / premium equivalent provided. However, CCSF's contribution shall be capped at eighty-three percent (83%) of the Employee Plus Two or More premium / premium equivalent of the second-highest-cost plan.

Since the majority of CCSF employees fall into the two contribution models, Aon produced two sets of rate cards, both approved by the HSB for plan year 2021. One rate card specified member contributions under the 93 / 93 / 83 model and the other rate card under the 100 / 96 / 83 model.





## Current CCSF Health Plan Employer Contribution Strategy—Retirees

For SFHSS retirees, the employer contributions that member employers including CCSF provide to qualified retirees receiving the full employer contribution amounts are defined by Section A8.428 of the City Charter. The three elements are:

- **10-County Survey Amount.** This first component of the employer contribution is the amount derived from the annual survey described in Charter Section A8.423 of contributions provided by the 10 most populous counties in California, not including San Francisco—called the “average contribution”. The 2021 10-County amount is \$729.19. If the total cost for Retiree Only for a plan is less than the 10-County Amount, that lower amount becomes the basis for that plan for the 10-County employer contribution portion.
- **“Actuarial Difference”.** The second employer contribution component is the “actuarial difference” for a given plan. Under Charter Section A8.428(b)(3), the employers contribute the difference between Active Employee-Only premium and Early Retiree-Only premium.
- **Prop. E Contribution.** The third employer contribution component is the Prop. E contribution amount. Under Charter Section A8.428(b)(3)(iii) and A8.428(c), employer contributions toward Retiree Only and Retiree +1 rates =  $50\% \times [\text{Total Rate Cost} - 10\text{-County Amount} - \text{“Actuarial Difference”}]$ .

The full employer contribution amount for retiree medical coverage applies to eligible retirees who were hired on or before January 9, 2009. For retirees who were hired on or after January 10, 2009, there are five coverage / employer contribution classifications based on certain criteria outlined in Table 2, found on page 6.



<b>Table 2—Retiree Medical Coverage / Employer Contribution For Those Hired On or After January 10, 2009</b>	
<b>Years of Credited Service at Retirement</b>	<b>Percentage of Employer Contribution Established in A8.428 Subsection (b)(3)</b>
Less than 5 years of Credited Service with the Employers (except for the surviving spouses or surviving domestic partners of active employees who died in the line of duty)	No Retiree Medical Benefits Coverage
At least 5 but less than 10 years of Credited Service with the Employers; or greater than 10 years of Credited Service with the Employers but not eligible to receive benefits under Subsections (a)(4), (b)(4) and (b)(5) <b>(A8.428 Subsection (b)(6))</b>	0% — Access to Retiree Medical Benefits Coverage, Including Access to Dependent Coverage, But No Employer Contribution; Employee Pays Health Insurance Premium
At least 10 but less than 15 years of Credited Service with the Employers <b>(A8.428 Subsection (b)(5))</b>	50%
At least 15 but less than 20 years of Credited Service with the Employers <b>(A8.428 Subsection (b)(5))</b>	75%
At least 20 years of Credited Service with the Employers; Retired Persons who retired for disability; surviving spouses or surviving domestic partners of active employees who died in the line of duty <b>(A8.428 Subsection (b)(4))</b>	100%

### Outline of 2021 Health Plan Design and Rating Actions

Below we describe the plan design changes and rating actions that apply to each SFHSS health plan for the 2021 plan year, based on approval actions taken during the recently completed Rates and Benefits cycle by the HSB.



## Kaiser Permanente (Fully Insured) for All Four Employers

The final negotiated rate change for Kaiser Permanente (“Kaiser”) active employees, early retirees, and Medicare retirees is an overall increase of 4.25% for plan year 2021. This overall average is generated by a 5.8% premium rate increase for active employees and early retirees in California, and an 5.0% premium rate decrease for Medicare retirees in California. There are also small retiree populations (approximately 100 covered lives) with Kaiser HMO coverage in the Northwest (Oregon), Washington, and Hawaii regions captured in the overall average Kaiser rating action.

The decrease for Medicare retirees was primarily due to differences in Centers for Medicare and Medicaid Services (CMS) actual funding results for the Kaiser Permanente Senior Advantage (KPSA) plan, relative to early Kaiser forecasts in last year’s rates.

There are no 2021 plan design changes approved for the active employee and early retiree Kaiser plan by the Rates and Benefits Committee and HSB.

The KPSA Medicare plan has two plan enhancements that were approved by the Rates and Benefits Committee and HSB for 2021:

- Enhancement of the transportation benefit of up to 24 one-way rides per year (50 miles maximum per ride) to support member health care appointment and facility post-discharge transportation needs, to newly accommodate transportation for members in a wheelchair or gurney—this enhancement is currently scheduled to take effect January 1, 2021, though could be delayed depending on vendor set-up status through Kaiser; and
- A new benefit that provides up to 84 home-delivered meals immediately following an inpatient hospitalization when referred by a clinical staff member—this includes 3 meals per day for 4 weeks, limited to one utilization per year. This benefit is similar to the meal delivery benefit approved for the 2019 year in the UHC Medicare Advantage PPO plan.

The 2021 Kaiser renewal actions result in an overall estimated increase of \$19.5 million from 2020 to 2021 for all four employers based on May 2020 membership, of which \$15.5 million is attributed to CCSF and \$4.0 million is attributed to the other employer groups (e.g., CRT, USD, and CCD).

The aggregate cost for Kaiser Permanente for the 2021 plan year is projected at \$478.2 million, with \$50.5 million in member contributions and \$427.7 million in employer contributions. Table 3 (page 12) provides an overview of annualized costs.

The 2021 Kaiser plan rates are illustrated in exhibits 2a-2e in the adjoining document.



## Blue Shield of California (Flex-Funded) for All Four Employers

The Trio flex-funded plan was introduced as a second BSC plan option for active employees and early retirees for the 2018 plan year. This is in addition to the BSC Access+ plan. As a result of BSC renewal inputs and Aon's underwriting process, we are projecting increases of 3.6% for BSC Access+ total cost rates and 6.3% for Trio total cost rates into the 2021 plan year.

There are no 2021 plan design changes approved for the BSC Access+ and Trio plans by the Rates and Benefits Committee and HSB.

Overall, this produces an aggregate increase of 4.4% for the combination of the two BSC flex-funded HMO plans into the 2021 plan year. Overall, 63% of BSC enrolled active employees / early retirees are in Access+ in 2020, versus 37% enrolled in Trio. This compares to a 60%/40% split in 2019.

The aggregate 2021 projected cost for all four employers in the BSC Access+ and Trio plans is \$343.0 million, with \$38.7 million in member contributions and \$304.3 million in employer contributions based on May 2020 membership. This results in an overall estimated increase of \$14.3 million from 2020 to 2021 for all four employers based on May 2020 membership, of which \$12.5 million is attributed to CCSF and the remaining \$1.8 million is attributed to the other employer groups (e.g., CRT, USD, and CCD). Table 3 (page 12) provides an overview of annualized costs.

The 2021 BSC flex-funded HMO plan rates are illustrated in exhibits 3A-3B for HMO Access+ and 3C-3D for Trio in the adjoining document.

## Rates, Contributions, and Benefits for the Self-Funded UHC City Plan PPO and the UHC Medicare Advantage PPO for All Four Employers

### UHC City Plan PPO (Active Employees and Early Retirees)

The UHC City Plan PPO is a self-funded medical plan administered by UHC for active employees and early retirees. The medical and pharmacy monthly premium equivalent costs were developed separately for actives and retirees without Medicare based on group-specific experience.

A substantial factor in the active and early retiree total premium equivalent increases for the 2021 calendar year is the increase in UHC City Plan PPO rate stabilization fund deficit used for 2021 rating. At the end of 2014, there was \$25.8 million available in the City Plan rate stabilization reserve. These amounts were applied to UHC City Plan PPO rating beyond the HSB Self-Funded Plans' Stabilization Policy of one-third application in 2016 through 2019 plan year rating. A deficit first presented in the rate stabilization reserve fund for the 2020 rating year, and that deficit has now increased into the 2021 plan year. A one-third amortization of this deficit balance is applied in 2021 UHC City Plan PPO rating, per HSB policy.

The UHC base administration fee increased 2.0% from 2020 to 2021. Overall UHC administrative fees including expected fees from Shared Savings programs increase 3.5% from 2020 to 2021.



There are no 2021 plan design changes approved for the 2021 UHC City Plan PPO by the Rates and Benefits Committee and HSB.

As a result of the underwriting adjustments, change in Rate Stabilization Reserve amounts, and impact of the design change outlined above, the overall total premium equivalent increase for the UHC City Plan PPO into the 2021 plan year is 9.0%.

#### **UHC Medicare Advantage (MA) PPO**

As of January 1, 2017, all Non-Kaiser Medicare eligible retirees became covered under the UHC fully insured Medicare Advantage PPO Plan (which was previously branded as the “New City Plan”). In 2021, the total per member rate for this Medicare plan will decrease 2.9%. This decrease is facilitated by the permanent termination of the PPACA HIT for the 2021 plan year (tax outlined earlier in this letter), after the HIT was reinstated for the 2020 plan year by the federal government.

The UHC MA PPO renewal includes provision for a rate guarantee for the 2022 plan year, leveraging expected 2020 underwriting surplus generated by elective service claim suppression due to the COVID-19 pandemic for use in 2021 and 2022 proposed rates. The two-year rate guarantee proposal includes a per member rate increase of 1.2% from the 2021 plan year to the 2022 plan year.

There are no plan design changes into 2021 for the UHC MA PPO.

#### **Overall UHC Plan Renewals—Active Employee/Early Retiree City Plan PPO and MA PPO**

The aggregate 2021 cost for the UHC plans across active employees, early retirees, and Medicare retirees is projected at \$132.6 million, with \$21.1 million in member contributions and \$111.5 million in employer contributions. This results in an overall estimated increase of \$1.6 million from 2020 to 2021 for all four employers based on May 2020 enrollment; of which \$1.7 million is attributed to CCSF and -\$0.1 million is attributed to the other employer groups (e.g., CRT, USD, and CCD). Table 3 (page 12) provides an overview of annualized costs.

The 2021 UHC plan rates are illustrated in exhibits 4a-4b for City Plan / Medicare Advantage plans, and in exhibits 4c-4d for City Plan—Choice Not Available / Medicare Advantage plans in the adjoining document.

#### **Rates and Benefits for the Vision Plans for All Four Employers**

Members enrolled in any medical plan offered by SFHSS also receive the Basic Plan vision benefits through Vision Service Plan (VSP). The cost of the Basic Plan vision benefit is a component of the cost of the medical plan and has been included in the rate exhibits referenced above. For the 2021 plan year, Basic Plan rates will remain at 2020 levels.

There is also a buy-up Premier Plan available to SFHSS members, which was first offered for the 2018 plan year. Members pay the full rate increment between Basic Plan rates and Premier Plan



rates. For the 2021 plan year, Premier Plan total premium rates are increasing by 4.1% from 2020 Premier Plan rate levels.

Certain employees also have an employer-paid Computer Vision Care benefit, priced at \$0.83 per employee per month. Presently, 19,558 employees have access to this benefit. This rate remains unchanged from 2020 to 2021.

Based on May 2020 enrollment, the aggregate projected 2021 employer cost for the VSP Basic vision plan is \$5.3 million, plus an additional \$0.2 million for the Computer Vision Care benefit. The employer portion of vision plan costs will remain constant from 2020 to 2021, as the Basic Plan premium rates and Computer Vision Care premium rates are not changing from 2020 to 2021. VSP vision plan costs for all four employers are illustrated in Exhibits 5a-5b in the adjoining document.

### Rates, Contributions, and Benefits for Dental Plans for CCSF, Court Employees, and All Retirees

Three dental plans are offered to SFHSS active employees—Delta Dental PPO, DeltaCare USA HMO, and UHC Dental HMO. The Delta Dental PPO plan has a network of preferred providers while the other two plans are dental HMOs with closed panels of providers. The City pays part of the cost of dental benefits for active CCSF employees while retirees pay the full cost of their dental plans.

The Delta Dental PPO plan for active employees is self-funded and administered by Delta Dental of California (Delta Dental). Future plan costs are projected based on the City employees' claim experience. Delta Dental's administrative fee will remain constant from 2020 to 2021, at \$4.62 per employee per month.

Due to the combination of favorable experience in the active employee Dental PPO plan and availability of rate stabilization reserve balance funds, the aggregate premium equivalents for the self-funded Delta Dental PPO plan for active employees are increasing 0.6% for plan year 2021.

The Delta Dental PPO plan for retirees, DeltaCare USA dental plans for active employees and retirees, and UHC Dental plans for active employees and retirees are all fully insured. All dental plan fully insured rates will reflect a reduction for the 2021 plan year as a result of the permanent termination of the PPACA HIT (tax outlined earlier in this letter).

There is one dental plan design change from 2020 to 2021 for the Delta Dental PPO plans for active employees and retirees. Both plans will include coverage, after applicable member plan design cost sharing, for nitrous oxide and non-IV sedation.

For active employees in the 2021 plan year, the City will contribute the total premium towards each of the dental HMO plans for CCSF employees. For active employees in the self-funded Delta Dental PPO plan, the City will contribute the monthly premium equivalent minus monthly employee contributions of \$5.00 for the Employee Only tier, \$10.00 for the Employee +1 tier, and \$15.00 for the



Employee +2+ tier. Member contributions for the active employee dental plans are unchanged from 2020 plan year levels into plan year 2021.

Retired members in SFHSS dental plans (Retiree PPO and two dental HMOs) contribute full premium costs with no employer contributions provided.

The 2021 dental plan rates are shown in the adjoining document for the Delta Dental PPO (Exhibits 6a-6b), DeltaCare USA HMO (Exhibits 7a-7b), and UHC Dental HMO (Exhibits 8a-8b). The aggregate dental plan cost for active employees for the 2021 plan year is projected at \$44.7 million with \$3.8 million in member contributions and \$40.9 million in employer contributions based on May 2020 enrollment. This results in an overall estimated total dental cost increase of \$0.3 million (0.6%) from 2020 to 2021. Table 3 (page 12) provides an overview of annualized costs.

### Life and Long-Term Disability (LTD) Insurance for CCSF, Court Employees, and Municipal Executive Active Employees Only

Total premiums for basic life insurance (employer-paid), supplemental life insurance (member-paid), and long-term disability (LTD) insurance (employer-paid) insured through The Hartford Life and Accident Insurance Company are reducing by \$0.135 million (1.5%) from 2020 to 2021. A three-year renewal agreement took effect on January 1, 2020, however, favorable experience under the basic life insurance plan in 2019 has resulted in a mid-guarantee reduction of the basic life premium for the remaining two years of the original rate guarantee agreement (January 1, 2021 through December 31, 2022). Premiums for the supplemental life insurance and LTD plans will remain at 2020 levels into the 2021 plan year as part of the three-year guarantee. Plan-specific rating actions that add up to the 1.5% overall rate decrease from 2020 to 2021 are:

- Basic life insurance: 7.9% rate decrease;
- LTD insurance: no rate change;
- Supplemental employee/dependent life insurance: no rate change; and
- Child life insurance and Accidental Death & Dismemberment insurance: no rate change.

The aggregate employer cost for the basic life insurance and LTD plans for the 2021 plan year is projected at \$8.03 million. This includes \$6.46 million in total LTD premiums and \$1.57 million in basic life premiums. Additionally, there is \$0.81 million in projected member-paid 2021 supplemental life insurance premium. Annualized overall premiums are shown in Exhibit 9 in the adjoining document.



### Summary of Projected 2021 Plan Year Costs

Table 3 below summarizes projected 2021 aggregate SFHSS plan costs across the plans available to active employees and retirees relative to 2020 projections for those plans where the employers subsidize the total plan cost. VSP Basic Plan (vision) costs are included in the medical plans' costs.

<b>TABLE 3—ALL FOUR EMPLOYERS <sup>[1]</sup></b>					
<b>Distribution of Aggregate Plan Costs (\$millions)</b>					
	Aggregate Member Contributions (a)	Aggregate Employer Contributions (b)	Aggregate Plan Cost (a + b)	Member Contributions as a % of Aggregate Costs	Employer Contributions as a % of Aggregate Costs
<b>Kaiser HMO</b>	<b>\$50.5</b>	<b>\$427.7</b>	<b>\$478.2</b>	<b>10.56%</b>	<b>89.44%</b>
\$ Change	\$2.0	\$17.6	\$19.5		
% Change	4.04%	4.28%	4.25%		
<b>BSC HMOs</b>	<b>\$38.7</b>	<b>\$304.3</b>	<b>\$343.0</b>	<b>11.28%</b>	<b>88.72%</b>
\$ Change	\$1.6	\$12.7	\$14.3		
% Change	4.28%	4.37%	4.36%		
<b>UHC Plans</b>	<b>\$21.1</b>	<b>\$111.5</b>	<b>\$132.6</b>	<b>15.91%</b>	<b>84.09%</b>
\$ Change	\$1.1	\$0.6	\$1.6		
% Change	5.36%	0.51%	1.26%		
<b>Dental <sup>[2]</sup></b>	<b>\$3.8</b>	<b>\$40.9</b>	<b>\$44.7</b>	<b>8.45%</b>	<b>91.55%</b>
\$ Change	\$0.0	\$0.3	\$0.3		
% Change	0.00%	0.63%	0.57%		
<b>LTD Insurance</b>	<b>\$0.0</b>	<b>\$6.5</b>	<b>\$6.5</b>	<b>0.00%</b>	<b>100.00%</b>
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
<b>Life Insurance</b>	<b>\$0.8</b>	<b>\$1.6</b>	<b>\$2.4</b>	<b>34.07%</b>	<b>65.93%</b>
\$ Change	\$0.0	-\$0.1	-\$0.1		
% Change	0.00%	-7.90%	-5.36%		
<b>Total</b>	<b>\$114.9</b>	<b>\$892.5</b>	<b>\$1,007.4</b>	<b>11.40%</b>	<b>88.60%</b>
\$ Change	\$4.6	\$31.0	\$35.6		
% Change	4.19%	3.60%	3.66%		

[1] Figures vary due to rounding

[2] Dental costs are for active employees only; retirees and surviving spouses have not been included





This year's projected aggregate medical cost increase of 3.87% (see page 3) is below average national benchmark levels for health care cost trend. The "2020 Health Care Trend Survey" published by Aon indicates combined medical / pharmacy cost increases in the range of 5.5% to 6%.

### Conclusion

Based on extensive evaluation and collaboration with SFHSS, Aon validates all of the findings presented within this report. Aon would be pleased to answer any questions or provide clarification about the information included in this letter to any interested parties.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael A. Clarke".

Michael A. Clarke, FSA, MAAA, FCA  
Senior Vice President & Consulting Actuary, Aon Consulting, Inc.

cc: President and Members of the Health Service Board  
Abbie Yant, San Francisco Health Service System

## Appendix—CCSF Costs Only

TABLE 3A—CITY AND COUNTY OF SAN FRANCISCO (CCSF) ONLY <sup>[1]</sup>					
Distribution of Aggregate Plan Costs (\$millions)					
	Aggregate Member Contributions (a)	Aggregate Employer Contributions (b)	Aggregate Plan Cost (a + b)	Member Contributions as a % of Aggregate Costs	Employer Contributions as a % of Aggregate Costs
<b>Kaiser HMO</b>	<b>\$40.5</b>	<b>\$333.0</b>	<b>\$373.5</b>	<b>10.85%</b>	<b>89.15%</b>
\$ Change	\$1.6	\$13.9	\$15.5		
% Change	4.08%	4.36%	4.33%		
<b>BSC HMOs</b>	<b>\$34.6</b>	<b>\$268.8</b>	<b>\$303.4</b>	<b>11.42%</b>	<b>88.58%</b>
\$ Change	\$1.4	\$11.1	\$12.5		
% Change	4.23%	4.31%	4.30%		
<b>UHC Plans</b>	<b>\$18.0</b>	<b>\$90.0</b>	<b>\$108.0</b>	<b>16.64%</b>	<b>83.36%</b>
\$ Change	\$1.0	\$0.8	\$1.7		
% Change	5.58%	0.88%	1.63%		
<b>Dental <sup>[2]</sup></b>	<b>\$3.7</b>	<b>\$40.4</b>	<b>\$44.1</b>	<b>8.45%</b>	<b>91.55%</b>
\$ Change	\$0.0	\$0.3	\$0.3		
% Change	0.00%	0.63%	0.57%		
<b>LTD Insurance</b>	<b>\$0.0</b>	<b>\$6.5</b>	<b>\$6.5</b>	<b>0.00%</b>	<b>100.00%</b>
\$ Change	\$0.0	\$0.0	\$0.0		
% Change	0.00%	0.00%	0.00%		
<b>Life Insurance</b>	<b>\$0.8</b>	<b>\$1.6</b>	<b>\$2.4</b>	<b>34.07%</b>	<b>65.93%</b>
\$ Change	\$0.0	-\$0.1	-\$0.1		
% Change	0.00%	-7.90%	-5.36%		
<b>Total</b>	<b>\$97.7</b>	<b>\$740.3</b>	<b>\$838.0</b>	<b>11.66%</b>	<b>88.34%</b>
\$ Change	\$3.9	\$25.9	\$29.9		
% Change	4.21%	3.63%	3.70%		

[1] Figures vary due to rounding

[2] Dental costs are for active employees only; retirees and surviving spouses have not been included

# **San Francisco Health Service System Board of Supervisors**

10-County Survey Results  
Rates and Benefits Decisions  
Calendar Year 2021

June 17, 2020

Prepared by:  
Health & Benefits



# 10-County Survey Results (Monthly Basis)

## Exhibit 1

Rank	County	2019 Survey for SFHSS 2020 Rating	2020 Survey for SFHSS 2021 Rating	% Change
1	Los Angeles	\$714.58	\$721.64	0.99%
2	San Diego	\$604.00	\$657.26	8.82%
3	Orange	\$561.78	\$584.88	4.11%
4	Riverside	\$689.55	\$692.00	0.35%
5	San Bernardino	\$455.88	\$509.69	11.81%
6	Santa Clara	\$1,078.20	\$1,055.07	-2.14%
7	Alameda	\$779.27	\$750.83	-3.65%
8	Sacramento	\$692.63	\$722.74	4.35%
9	Contra Costa	\$753.74	\$800.70	6.23%
10	Fresno	\$729.57	\$797.13	9.26%
<b>10-County Average</b>		<b>\$705.92</b>	<b>\$729.19</b>	<b>3.30%</b>

# Kaiser Permanente HMO (California): Final Active / Early Retiree / Medicare Retiree / Medicare Monthly Rates for Calendar Year 2021

## Exhibit 2a — 93/93/83 Contribution Method for Actives \*

	Active Employees				Early Retirees				Medicare Retirees			
	EE	EE + 1	EE + 2+		RET	RET + 1	RET + 2+		RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee / Retiree Contributions												
Plan Year 2020	\$45.20	\$90.19	\$309.72	\$0.00	\$0.00	\$321.37	\$854.85	\$0.00	\$0.00	\$184.86	\$553.53	\$718.34
Plan Year 2021	\$47.77	\$95.34	\$327.41	\$0.00	\$0.00	\$339.75	\$903.72	\$0.00	\$0.00	\$175.67	\$525.95	\$739.64
\$ Change	+\$2.57	+\$5.15	+\$17.69	\$0.00	\$0.00	+\$18.38	+\$48.87	\$0.00	\$0.00	-\$9.19	-\$27.58	\$21.30
% Change	+5.7%	+5.7%	+5.7%	-	-	+5.7%	+5.7%	-	-	-5.0%	-5.0%	3.0%
Monthly Employer Contributions												
Plan Year 2020	\$600.51	\$1,198.26	\$1,512.18	\$1,295.75	\$1,617.12	\$1,617.12	\$1,617.12	\$372.71	\$557.58	\$557.58	\$557.58	\$557.58
Plan Year 2021	\$634.71	\$1,266.64	\$1,598.54	\$1,370.10	\$1,709.85	\$1,709.85	\$1,709.85	\$354.32	\$529.99	\$529.99	\$529.99	\$529.99
\$ Change	+\$34.20	+\$68.38	+\$86.36	+\$74.35	+\$92.73	+\$92.73	+\$92.73	-\$18.39	-\$27.59	-\$27.59	-\$27.59	-\$27.59
% Change	+5.7%	+5.7%	+5.7%	+5.7%	+5.7%	+5.7%	+5.7%	-4.9%	-4.9%	-4.9%	-4.9%	-4.9%
Monthly Total Premium Rates												
Plan Year 2020	\$645.71	\$1,288.45	\$1,821.90	\$1,295.75	\$1,938.49	\$2,471.97	\$2,471.97	\$372.71	\$742.44	\$1,111.11	\$1,111.11	\$1,275.92
Plan Year 2021	\$682.48	\$1,361.98	\$1,925.95	\$1,370.10	\$2,049.60	\$2,613.57	\$2,613.57	\$354.32	\$705.66	\$1,055.94	\$1,055.94	\$1,269.63
\$ Change	+\$36.77	+\$73.53	+\$104.05	+\$74.35	+\$111.11	+\$141.60	+\$141.60	-\$18.39	-\$36.78	-\$55.17	-\$55.17	-\$6.29
% Change	+5.7%	+5.7%	+5.7%	+5.7%	+5.7%	+5.7%	+5.7%	-4.9%	-5.0%	-5.0%	-5.0%	-0.5%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 93 / 93 / 83 contribution method, see page 21.

# Kaiser Permanente HMO (California): Final Active / Early Retiree / Medicare Retiree / Medicare Monthly Rates for Calendar Year 2021

## Exhibit 2b — 100/96/83 Contribution Method for Actives \*

	Active Employees				Early Retirees				Medicare Retirees			
	EE	EE + 1	EE + 2+	RET	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other	
Monthly Employee / Retiree Contributions	Plan Year 2020	\$0.00	\$51.54	\$309.72	\$0.00	\$321.37	\$854.85	\$0.00	\$184.86	\$553.53	\$718.34	
	Plan Year 2021	\$0.00	\$54.48	\$327.41	\$0.00	\$339.75	\$903.72	\$0.00	\$175.67	\$525.95	\$739.64	
	\$ Change	\$0.00	+\$2.94	+\$17.69	\$0.00	+\$18.38	+\$48.87	\$0.00	-\$9.19	-\$27.58	\$21.30	
	% Change	-	+5.7%	+5.7%	-	+5.7%	+5.7%	-	-5.0%	-5.0%	3.0%	
Monthly Employer Contributions	Plan Year 2020	\$645.71	\$1,236.91	\$1,512.18	\$1,295.75	\$1,617.12	\$1,617.12	\$372.71	\$557.58	\$557.58	\$557.58	
	Plan Year 2021	\$682.48	\$1,307.50	\$1,598.54	\$1,370.10	\$1,709.85	\$1,709.85	\$354.32	\$529.99	\$529.99	\$529.99	
	\$ Change	+\$36.77	+\$70.59	+\$86.36	+\$74.35	+\$92.73	+\$92.73	-\$18.39	-\$27.59	-\$27.59	-\$27.59	
	% Change	+5.7%	+5.7%	+5.7%	+5.7%	+5.7%	+5.7%	-4.9%	-4.9%	-4.9%	-4.9%	
Monthly Total Premium Rates	Plan Year 2020	\$645.71	\$1,288.45	\$1,821.90	\$1,295.75	\$1,938.49	\$2,471.97	\$372.71	\$742.44	\$1,111.11	\$1,275.92	
	Plan Year 2021	\$682.48	\$1,361.98	\$1,925.95	\$1,370.10	\$2,049.60	\$2,613.57	\$354.32	\$705.66	\$1,055.94	\$1,269.63	
	\$ Change	+\$36.77	+\$73.53	+\$104.05	+\$74.35	+\$111.11	+\$141.60	-\$18.39	-\$36.78	-\$55.17	-\$6.29	
	% Change	+5.7%	+5.7%	+5.7%	+5.7%	+5.7%	+5.7%	-4.9%	-5.0%	-5.0%	-0.5%	

\* **NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 100 / 96 / 83 contribution method, see page 22.

# Kaiser Permanente Multi State HMO: Early Retiree / Medicare Monthly Rates for Calendar Year 2021

## Exhibit 2c — Washington State \*

	Early Retirees				Medicare Retirees			
	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other	
Monthly Retiree Contributions	Plan Year 2020	\$0.00	\$686.71	\$1,826.63	\$0.00	\$164.68	\$493.36	\$1,304.60
	Plan Year 2021	\$0.00	\$729.63	\$1,940.81	\$0.00	\$169.56	\$508.00	\$1,380.74
	\$ Change	\$0.00	\$42.92	\$114.18	\$0.00	\$4.88	\$14.64	\$76.14
	% Change	-	6.3%	6.3%	-	3.0%	3.0%	5.8%
Monthly Employer Contributions	Plan Year 2020	\$1,376.39	\$2,063.10	\$2,063.10	\$332.35	\$497.04	\$497.04	\$497.04
	Plan Year 2021	\$1,462.25	\$2,191.89	\$2,191.89	\$342.11	\$511.68	\$511.68	\$511.68
	\$ Change	\$85.86	\$128.79	\$128.79	\$9.76	\$14.64	\$14.64	\$14.64
	% Change	6.2%	6.2%	6.2%	2.9%	2.9%	2.9%	2.9%
Monthly Total Premium Rates	Plan Year 2020	\$1,376.39	\$2,749.81	\$3,889.73	\$332.35	\$661.72	\$990.40	\$1,801.64
	Plan Year 2021	\$1,462.25	\$2,921.52	\$4,132.70	\$342.11	\$681.24	\$1,019.68	\$1,892.42
	\$ Change	\$85.86	\$171.71	\$242.97	\$9.76	\$19.52	\$29.28	\$90.78
	% Change	6.2%	6.2%	6.2%	2.9%	2.9%	3.0%	5.0%

\* **NOTE:** ■ Includes \$3.00 for the Health Care Sustainability Fund.

# Kaiser Permanente Multi State HMO: Early Retiree / Medicare Monthly Rates for Calendar Year 2021

## Exhibit 2d — Northwest (primarily Oregon) \*

	Early Retirees				Medicare Retirees			
	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other	
Monthly Retiree Contributions	Plan Year 2020	\$0.00	\$635.95	\$1,691.61	\$0.00	\$210.91	\$632.04	\$1,266.57
	Plan Year 2021	\$0.00	\$604.25	\$1,607.30	\$0.00	\$209.16	\$626.79	\$1,212.21
	\$ Change	\$0.00	-\$31.70	-\$84.31	\$0.00	-\$1.75	-\$5.25	-\$54.36
	% Change	-	-5.0%	-5.0%	-	-0.8%	-0.8%	-4.3%
Monthly Employer Contributions	Plan Year 2020	\$1,274.88	\$1,910.84	\$1,910.84	\$424.80	\$635.71	\$635.71	\$635.71
	Plan Year 2021	\$1,211.49	\$1,815.74	\$1,815.74	\$421.30	\$630.46	\$630.46	\$630.46
	\$ Change	-\$63.39	-\$95.10	-\$95.10	-\$3.50	-\$5.25	-\$5.25	-\$5.25
	% Change	-5.0%	-5.0%	-5.0%	-0.8%	-0.8%	-0.8%	-0.8%
Monthly Total Premium Rates	Plan Year 2020	\$1,274.88	\$2,546.79	\$3,602.45	\$424.80	\$846.62	\$1,267.75	\$1,902.28
	Plan Year 2021	\$1,211.49	\$2,419.99	\$3,423.04	\$421.30	\$839.62	\$1,257.25	\$1,842.67
	\$ Change	-\$63.39	-\$126.80	-\$179.41	-\$3.50	-\$7.00	-\$10.50	-\$59.61
	% Change	-5.0%	-5.0%	-5.0%	-0.8%	-0.8%	-0.8%	-3.1%

\* **NOTE:** ■ Includes \$3.00 for the Health Care Sustainability Fund.



# Kaiser Permanente Multi State HMO: Early Retiree / Medicare Monthly Rates for Calendar Year 2021

## Exhibit 2e — Hawaii \*

	Early Retirees				Medicare Retirees			
	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other	
Monthly Retiree Contributions								
Plan Year 2020	\$0.00	\$469.66	\$1,249.29	\$0.00	\$185.99	\$557.28	\$1,124.63	
Plan Year 2021	\$0.00	\$449.76	\$1,196.36	\$0.00	\$184.08	\$551.55	\$930.68	
\$ Change	\$0.00	-\$19.90	-\$52.93	\$0.00	-\$1.91	-\$5.73	-\$193.95	
% Change	-	-4.2%	-4.2%	-	-1.0%	-1.0%	-17.2%	
Monthly Employer Contributions								
Plan Year 2020	\$942.31	\$1,411.97	\$1,411.97	\$374.96	\$560.95	\$560.95	\$560.95	
Plan Year 2021	\$902.51	\$1,352.28	\$1,352.28	\$371.14	\$555.22	\$555.22	\$555.22	
\$ Change	-\$39.80	-\$59.69	-\$59.69	-\$3.82	-\$5.73	-\$5.73	-\$5.73	
% Change	-4.2%	-4.2%	-4.2%	-1.0%	-1.0%	-1.0%	-1.0%	
Monthly Total Premium Rates								
Plan Year 2020	\$942.31	\$1,881.63	\$2,661.26	\$374.96	\$746.94	\$1,118.23	\$1,685.58	
Plan Year 2021	\$902.51	\$1,802.04	\$2,548.64	\$371.14	\$739.30	\$1,106.77	\$1,485.90	
\$ Change	-\$39.80	-\$79.59	-\$112.62	-\$3.82	-\$7.64	-\$11.46	-\$199.68	
% Change	-4.2%	-4.2%	-4.2%	-1.0%	-1.0%	-1.0%	-11.8%	

\* **NOTE:** ■ Includes \$3.00 for the Health Care Sustainability Fund.

# Blue Shield of California HMO: Final Active / Early Retiree / Medicare Monthly Rates for Calendar Year 2021

## Exhibit 3a — 93/93/83 Contribution Method for Actives — Access+ HMO \*

	Active Employees			Early Retirees			UHC Medicare Advantage Retirees				
	EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other	
Monthly Employee / Retiree Contributions	Plan Year 2020	\$62.43	\$124.67	\$428.21	\$92.98	\$555.24	\$1,293.21	\$0.00	\$219.42	\$657.57	\$957.39
	Plan Year 2021	\$64.66	\$129.10	\$443.43	\$97.26	\$575.91	\$1,340.06	\$0.00	\$213.09	\$638.59	\$977.24
	\$ Change	+\$2.23	+\$4.43	+\$15.22	+\$4.28	+\$20.67	+\$46.85	\$0.00	-\$6.33	-\$18.98	+\$19.85
	% Change	+3.6%	+3.6%	+3.6%	+4.6%	+3.7%	+3.6%	-	-2.9%	-2.9%	2.1%
Monthly Employer Contributions	Plan Year 2020	\$829.45	\$1,656.31	\$2,090.68	\$1,966.24	\$2,428.51	\$2,428.51	\$441.82	\$661.24	\$661.24	\$661.24
	Plan Year 2021	\$859.05	\$1,715.21	\$2,165.00	\$2,035.83	\$2,514.48	\$2,514.48	\$429.17	\$642.27	\$642.27	\$642.27
	\$ Change	+\$29.60	+\$58.90	+\$74.32	+\$69.59	+\$85.97	+\$85.97	-\$12.65	-\$18.97	-\$18.97	-\$18.97
	% Change	+3.6%	+3.6%	+3.6%	+3.5%	+3.5%	+3.5%	-2.9%	-2.9%	-2.9%	-2.9%
Monthly Total Premium Rates	Plan Year 2020	\$891.88	\$1,780.98	\$2,518.89	\$2,059.22	\$2,983.75	\$3,721.72	\$441.82	\$880.66	\$1,318.81	\$1,618.63
	Plan Year 2021	\$923.71	\$1,844.31	\$2,608.43	\$2,133.09	\$3,090.39	\$3,854.54	\$429.17	\$855.36	\$1,280.86	\$1,619.51
	\$ Change	+\$31.83	+\$63.33	+\$89.54	+\$73.87	+\$106.64	+\$132.82	-\$12.65	-\$25.30	-\$37.95	+\$0.88
	% Change	+3.6%	+3.6%	+3.6%	+3.6%	+3.6%	+3.6%	-2.9%	-2.9%	-2.9%	+0.1%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 93 / 93 / 83 contribution method, see page 21.

# Blue Shield of California HMO: Final Active / Early Retiree / Medicare Retiree / Medicare Monthly Rates for Calendar Year 2021

## Exhibit 3b — 100/96/83 Contribution Method for Actives — Access+ HMO\*

	Active Employees				Early Retirees				UHC Medicare Advantage Retirees				
	EE	EE + 1	EE + 2+		RET	RET + 1	RET + 2+		RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other	
Monthly Employee / Retiree Contributions													
Plan Year 2020	\$0.00	\$71.24	\$428.21		\$92.98	\$555.24	\$1,293.21		\$0.00	\$219.42	\$657.57	\$957.39	
Plan Year 2021	\$0.00	\$73.77	\$443.43		\$97.26	\$575.91	\$1,340.06		\$0.00	\$213.09	\$638.59	\$977.24	
\$ Change	\$0.00	+\$2.53	+\$15.22		+\$4.28	+\$20.67	+\$46.85		\$0.00	-\$6.33	-\$18.98	+\$19.85	
% Change	-	+3.6%	+3.6%		+4.6%	+3.7%	+3.6%		-	-2.9%	-2.9%	2.1%	
Monthly Employer Contributions													
Plan Year 2020	\$891.88	\$1,709.74	\$2,090.68		\$1,966.24	\$2,428.51	\$2,428.51		\$441.82	\$661.24	\$661.24	\$661.24	
Plan Year 2021	\$923.71	\$1,770.54	\$2,165.00		\$2,035.83	\$2,514.48	\$2,514.48		\$429.17	\$642.27	\$642.27	\$642.27	
\$ Change	+\$31.83	+\$60.80	+\$74.32		+\$69.59	+\$85.97	+\$85.97		-\$12.65	-\$18.97	-\$18.97	-\$18.97	
% Change	+3.6%	+3.6%	+3.6%		+3.5%	+3.5%	+3.5%		-2.9%	-2.9%	-2.9%	-2.9%	
Monthly Total Premium Rates													
Plan Year 2020	\$891.88	\$1,780.98	\$2,518.89		\$2,059.22	\$2,983.75	\$3,721.72		\$441.82	\$880.66	\$1,318.81	\$1,618.63	
Plan Year 2021	\$923.71	\$1,844.31	\$2,608.43		\$2,133.09	\$3,090.39	\$3,854.54		\$429.17	\$855.36	\$1,280.86	\$1,619.51	
\$ Change	+\$31.83	+\$63.33	+\$89.54		+\$73.87	+\$106.64	+\$132.82		-\$12.65	-\$25.30	-\$37.95	+\$0.88	
% Change	+3.6%	+3.6%	+3.6%		+3.6%	+3.6%	+3.6%		-2.9%	-2.9%	-2.9%	+0.1%	

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 100 / 96 / 83 contribution method, see page 22.

# Blue Shield of California HMO: Final Active / Early Retiree / Medicare Retiree / Medicare Monthly Rates for Calendar Year 2021

## Exhibit 3c — 93/93/83 Contribution Method for Actives — Trio HMO \*

	Active Employees			Early Retirees			UHC Medicare Advantage Retirees				
	EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other	
Monthly Employee / Retiree Contributions	Plan Year 2020	\$52.76	\$105.32	\$361.71	\$23.87	\$414.25	\$1,037.48	\$0.00	\$219.42	\$657.57	\$842.65
	Plan Year 2021	\$56.06	\$111.90	\$384.31	\$35.82	\$450.56	\$1,112.70	\$0.00	\$213.09	\$638.59	\$875.23
	\$ Change	+\$3.30	+\$6.58	+\$22.60	+\$11.95	+\$36.31	+\$75.22	\$0.00	-\$6.33	-\$18.98	+\$32.58
	% Change	+6.3%	+6.2%	+6.2%	+50.1%	+8.8%	+7.3%	-	-2.9%	-2.9%	3.9%
Monthly Employer Contributions	Plan Year 2020	\$700.90	\$1,399.21	\$1,766.01	\$1,714.80	\$2,105.19	\$2,105.19	\$441.82	\$661.24	\$661.24	\$661.24
	Plan Year 2021	\$744.77	\$1,486.65	\$1,876.36	\$1,812.29	\$2,227.04	\$2,227.04	\$429.17	\$642.27	\$642.27	\$642.27
	\$ Change	+\$43.87	+\$87.44	+\$110.35	+\$97.49	+\$121.85	+\$121.85	-\$12.65	-\$18.97	-\$18.97	-\$18.97
	% Change	+6.3%	+6.2%	+6.2%	+5.7%	+5.8%	+5.8%	-2.9%	-2.9%	-2.9%	-2.9%
Monthly Total Premium Rates	Plan Year 2020	\$753.66	\$1,504.53	\$2,127.72	\$1,738.67	\$2,519.44	\$3,142.67	\$441.82	\$880.66	\$1,318.81	\$1,503.89
	Plan Year 2021	\$800.83	\$1,598.55	\$2,260.67	\$1,848.11	\$2,677.60	\$3,339.74	\$429.17	\$855.36	\$1,280.86	\$1,517.50
	\$ Change	+\$47.17	+\$94.02	+\$132.95	+\$109.44	+\$158.16	+\$197.07	-\$12.65	-\$25.30	-\$37.95	+\$13.61
	% Change	+6.3%	+6.2%	+6.2%	+6.3%	+6.3%	+6.3%	-2.9%	-2.9%	-2.9%	+0.9%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 93 / 93 / 83 contribution method, see page 21.

# Blue Shield of California HMO: Final Active / Early Retiree / Medicare Retiree / Medicare Monthly Rates for Calendar Year 2021

## Exhibit 3d — 100/96/83 Contribution Method for Actives — Trio HMO \*

	Active Employees				Early Retirees			UHC Medicare Advantage Retirees			
	EE	EE + 1	EE + 2+		RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee / Retiree Contributions											
Plan Year 2020	\$0.00	\$60.18	\$361.71		\$23.87	\$414.25	\$1,037.48	\$0.00	\$219.42	\$657.57	\$842.65
Plan Year 2021	\$0.00	\$63.94	\$384.31		\$35.82	\$450.56	\$1,112.70	\$0.00	\$213.09	\$638.59	\$875.23
\$ Change	\$0.00	+\$3.76	+\$22.60		+\$11.95	+\$36.31	+\$75.22	\$0.00	-\$6.33	-\$18.98	+\$32.58
% Change	-	+6.2%	+6.2%		+50.1%	+8.8%	+7.3%	-	-2.9%	-2.9%	3.9%
Monthly Employer Contributions											
Plan Year 2020	\$753.66	\$1,444.35	\$1,766.01		\$1,714.80	\$2,105.19	\$2,105.19	\$441.82	\$661.24	\$661.24	\$661.24
Plan Year 2021	\$800.83	\$1,534.61	\$1,876.36		\$1,812.29	\$2,227.04	\$2,227.04	\$429.17	\$642.27	\$642.27	\$642.27
\$ Change	+\$47.17	+\$90.26	+\$110.35		+\$97.49	+\$121.85	+\$121.85	-\$12.65	-\$18.97	-\$18.97	-\$18.97
% Change	+6.3%	+6.2%	+6.2%		+5.7%	+5.8%	+5.8%	-2.9%	-2.9%	-2.9%	-2.9%
Monthly Total Premium Rates											
Plan Year 2020	\$753.66	\$1,504.53	\$2,127.72		\$1,738.67	\$2,519.44	\$3,142.67	\$441.82	\$880.66	\$1,318.81	\$1,503.89
Plan Year 2021	\$800.83	\$1,598.55	\$2,260.67		\$1,848.11	\$2,677.60	\$3,339.74	\$429.17	\$855.36	\$1,280.86	\$1,517.50
\$ Change	+\$47.17	+\$94.02	+\$132.95		+\$109.44	+\$158.16	+\$197.07	-\$12.65	-\$25.30	-\$37.95	+\$13.61
% Change	+6.3%	+6.2%	+6.2%		+6.3%	+6.3%	+6.3%	-2.9%	-2.9%	-2.9%	+0.9%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 100 / 96 / 83 contribution method, see page 22.

# City Plan (UHC): Final Active / Early Retiree / Medicare / Medicare Monthly Rates for Calendar Year 2021

## Exhibit 4a — 93/93/83 Contribution Method for Actives \*

	Active Employees			Early Retirees			UHC Medicare Advantage Retirees			
	EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions										
Plan Year 2020	\$355.66	\$638.70	\$1,141.53	\$239.59	\$684.20	\$1,369.33	\$0.00	\$219.42	\$657.57	\$904.55
Plan Year 2021	\$439.37	\$802.67	\$1,392.63	\$284.61	\$678.28	\$1,306.86	\$0.00	\$213.09	\$638.59	\$841.67
\$ Change	+\$83.71	+\$163.97	+\$251.10	+\$45.02	-\$5.92	-\$62.47	\$0.00	-\$6.33	-\$18.98	-\$62.88
% Change	+23.5%	+25.7%	+22.0%	+18.8%	-0.9%	-4.6%	-	-2.9%	-2.9%	-7.0%
Monthly Employer Contributions										
Plan Year 2020	\$829.45	\$1,656.31	\$2,090.68	\$1,271.25	\$1,715.85	\$1,715.85	\$441.82	\$661.24	\$661.24	\$661.24
Plan Year 2021	\$859.05	\$1,715.21	\$2,165.00	\$1,463.11	\$1,856.77	\$1,856.77	\$429.17	\$642.27	\$642.27	\$642.27
\$ Change	+\$29.60	+\$58.90	+\$74.32	+\$191.86	+\$140.92	+\$140.92	-\$12.65	-\$18.97	-\$18.97	-\$18.97
% Change	+3.6%	+3.6%	+3.6%	+15.1%	+8.2%	+8.2%	-2.9%	-2.9%	-2.9%	-2.9%
Monthly Total Premium Rates										
Plan Year 2020	\$1,185.11	\$2,295.01	\$3,232.21	\$1,510.84	\$2,400.05	\$3,085.18	\$441.82	\$880.66	\$1,318.81	\$1,565.79
Plan Year 2021	\$1,298.42	\$2,517.88	\$3,557.63	\$1,747.72	\$2,535.05	\$3,163.63	\$429.17	\$855.36	\$1,280.86	\$1,483.94
\$ Change	+\$113.31	+\$222.87	+\$325.42	+\$236.88	+\$135.00	+\$78.45	-\$12.65	-\$25.30	-\$37.95	-\$81.85
% Change	+9.6%	+9.7%	+10.1%	+15.7%	+5.6%	+2.5%	-2.9%	-2.9%	-2.9%	-5.2%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 93 / 93 / 83 contribution method, see page 21.

# City Plan (UHC): Final Active / Early Retiree / Medicare / Medicare Monthly Rates for Calendar Year 2021

## Exhibit 4b — 100/96/83 Contribution Method for Actives \*

	Active Employees				Early Retirees			UHC Medicare Advantage Retirees			
	EE	EE + 1	EE + 2+		RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other
Monthly Employee/ Retiree Contributions											
Plan Year 2020	\$0.00	\$585.27	\$1,141.53		\$239.59	\$684.20	\$1,369.33	\$0.00	\$219.42	\$657.57	\$904.55
Plan Year 2021	\$0.00	\$747.34	\$1,392.63		\$284.61	\$678.28	\$1,306.86	\$0.00	\$213.09	\$638.59	\$841.67
\$ Change	\$0.00	+\$162.07	+\$251.10		+\$45.02	-\$5.92	-\$62.47	\$0.00	-\$6.33	-\$18.98	-\$62.88
% Change	-	+27.7%	+22.0%		+18.8%	-0.9%	-4.6%	-	-2.9%	-2.9%	-7.0%
Monthly Employer Contributions											
Plan Year 2020	\$1,185.11	\$1,709.74	\$2,090.68		\$1,271.25	\$1,715.85	\$1,715.85	\$441.82	\$661.24	\$661.24	\$661.24
Plan Year 2021	\$1,298.42	\$1,770.54	\$2,165.00		\$1,463.11	\$1,856.77	\$1,856.77	\$429.17	\$642.27	\$642.27	\$642.27
\$ Change	+\$113.31	+\$60.80	+\$74.32		+\$191.86	+\$140.92	+\$140.92	-\$12.65	-\$18.97	-\$18.97	-\$18.97
% Change	+9.6%	+3.6%	+3.6%		+15.1%	+8.2%	+8.2%	-2.9%	-2.9%	-2.9%	-2.9%
Monthly Total Premium Rates											
Plan Year 2020	\$1,185.11	\$2,295.01	\$3,232.21		\$1,510.84	\$2,400.05	\$3,085.18	\$441.82	\$880.66	\$1,318.81	\$1,565.79
Plan Year 2021	\$1,298.42	\$2,517.88	\$3,557.63		\$1,747.72	\$2,535.05	\$3,163.63	\$429.17	\$855.36	\$1,280.86	\$1,483.94
\$ Change	+\$113.31	+\$222.87	+\$325.42		+\$236.88	+\$135.00	+\$78.45	-\$12.65	-\$25.30	-\$37.95	-\$81.85
% Change	+9.6%	+9.7%	+10.1%		+15.7%	+5.6%	+2.5%	-2.9%	-2.9%	-2.9%	-5.2%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 100 / 96 / 83 contribution method, see page 22.

# City Plan—Choice Not Available (UHC): Final Active / Early Retiree / Medicare Monthly Rates for Calendar Year 2021

## Exhibit 4c — 93/93/83 Contribution Method for Actives \*

	Active Employees				Early Retirees			UHC Medicare Advantage Retirees			
	EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other	
Monthly Employee/ Retiree Contributions											
Plan Year 2020	\$62.43	\$124.67	\$428.21	\$92.98	\$537.58	\$1,222.71	\$0.00	\$219.42	\$657.57	\$904.55	
Plan Year 2021	\$64.66	\$129.10	\$443.43	\$97.26	\$490.92	\$1,119.50	\$0.00	\$213.09	\$638.59	\$841.67	
\$ Change	+\$2.23	+\$4.43	+\$15.22	+\$4.28	-\$46.66	-\$103.21	\$0.00	-\$6.33	-\$18.98	-\$62.88	
% Change	+3.6%	+3.6%	+3.6%	+4.6%	-8.7%	-8.4%	-	-2.9%	-2.9%	-7.0%	
Monthly Employer Contributions											
Plan Year 2020	\$829.45	\$1,656.31	\$2,090.68	\$1,417.86	\$1,862.47	\$1,862.47	\$441.82	\$661.24	\$661.24	\$661.24	
Plan Year 2021	\$859.05	\$1,715.21	\$2,165.00	\$1,650.46	\$2,044.13	\$2,044.13	\$429.17	\$642.27	\$642.27	\$642.27	
\$ Change	+\$29.60	+\$58.90	+\$74.32	+\$232.60	+\$181.66	+\$181.66	-\$12.65	-\$18.97	-\$18.97	-\$18.97	
% Change	+3.6%	+3.6%	+3.6%	+16.4%	+9.8%	+9.8%	-2.9%	-2.9%	-2.9%	-2.9%	
Monthly Total Premium Rates											
Plan Year 2020	\$891.88	\$1,780.98	\$2,518.89	\$1,510.84	\$2,400.05	\$3,085.18	\$441.82	\$880.66	\$1,318.81	\$1,565.79	
Plan Year 2021	\$923.71	\$1,844.31	\$2,608.43	\$1,747.72	\$2,535.05	\$3,163.63	\$429.17	\$855.36	\$1,280.86	\$1,483.94	
\$ Change	+\$31.83	+\$63.33	+\$89.54	+\$236.88	+\$135.00	+\$78.45	-\$12.65	-\$25.30	-\$37.95	-\$81.85	
% Change	+3.6%	+3.6%	+3.6%	+15.7%	+5.6%	+2.5%	-2.9%	-2.9%	-2.9%	-5.2%	

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 93 / 93 / 83 contribution method, see page 21.



# City Plan—Choice Not Available (UHC): Final Active / Early Retiree / Medicare Monthly Rates for Calendar Year 2021

## Exhibit 4d — 100/96/83 Contribution Method for Actives \*

	Active Employees			Early Retirees			UHC Medicare Advantage Retirees				
	EE	EE + 1	EE + 2+	RET	RET + 1	RET + 2+	RET	RET + 1	RET + 2+ All Medicare	RET + 2+ Other	
Monthly Employee / Retiree Contributions	Plan Year 2020	\$0.00	\$71.24	\$428.21	\$92.98	\$537.58	\$1,222.71	\$0.00	\$219.42	\$657.57	\$904.55
	Plan Year 2021	\$0.00	\$73.77	\$443.43	\$97.26	\$490.92	\$1,119.50	\$0.00	\$213.09	\$638.59	\$841.67
	\$ Change	\$0.00	+\$2.53	+\$15.22	+\$4.28	-\$46.66	-\$103.21	\$0.00	-\$6.33	-\$18.98	-\$62.88
	% Change	-	+3.6%	+3.6%	+4.6%	-8.7%	-8.4%	-	-2.9%	-2.9%	-7.0%
Monthly Employer Contributions	Plan Year 2020	\$891.88	\$1,709.74	\$2,090.68	\$1,417.86	\$1,862.47	\$1,862.47	\$441.82	\$661.24	\$661.24	\$661.24
	Plan Year 2021	\$923.71	\$1,770.54	\$2,165.00	\$1,650.46	\$2,044.13	\$2,044.13	\$429.17	\$642.27	\$642.27	\$642.27
	\$ Change	+\$31.83	+\$60.80	+\$74.32	+\$232.60	+\$181.66	+\$181.66	-\$12.65	-\$18.97	-\$18.97	-\$18.97
	% Change	+3.6%	+3.6%	+3.6%	+16.4%	+9.8%	+9.8%	-2.9%	-2.9%	-2.9%	-2.9%
Monthly Total Premium Rates	Plan Year 2020	\$891.88	\$1,780.98	\$2,518.89	\$1,510.84	\$2,400.05	\$3,085.18	\$441.82	\$880.66	\$1,318.81	\$1,565.79
	Plan Year 2021	\$923.71	\$1,844.31	\$2,608.43	\$1,747.72	\$2,535.05	\$3,163.63	\$429.17	\$855.36	\$1,280.86	\$1,483.94
	\$ Change	+\$31.83	+\$63.33	+\$89.54	+\$236.88	+\$135.00	+\$78.45	-\$12.65	-\$25.30	-\$37.95	-\$81.85
	% Change	+3.6%	+3.6%	+3.6%	+15.7%	+5.6%	+2.5%	-2.9%	-2.9%	-2.9%	-5.2%

**\* NOTE:**

- Includes \$3.00 for the Health Care Sustainability Fund.
- For additional commentary on 100 / 96 / 83 contribution method, see page 22.

# VSP Vision: Final Active / Early Retiree / Medicare Monthly Contributions for Calendar Year 2021

## Exhibit 5a — Vision Basic Plan Premium Rates (Employer Paid)

	Active Employees			Retirees		
	EE	EE+1	EE+2+	RET	RET+1	RET+2+
Plan Year 2020	\$3.95	\$7.92	\$11.20	\$3.95	\$7.92	\$11.20
Plan Year 2021	\$3.95	\$7.92	\$11.20	\$3.95	\$7.92	\$11.20
<b>% Change</b>	-	-	-	-	-	-
<b>\$ Change</b>	-	-	-	-	-	-

## Exhibit 5b — Vision Premier Plan (Buy Up) Member Contributions\*

	Active Employees			Retirees		
	EE	EE+1	EE+2+	RET	RET+1	RET+2+
Plan Year 2020	\$9.93	\$14.98	\$31.06	\$9.93	\$14.98	\$31.06
Plan Year 2021	\$10.50	\$15.92	\$32.79	\$10.50	\$15.92	\$32.79
<b>% Change</b>	<b>+5.7%</b>	<b>+6.3%</b>	<b>+5.6%</b>	<b>+5.7%</b>	<b>+6.3%</b>	<b>+5.6%</b>
<b>\$ Change</b>	<b>+\$0.57</b>	<b>+\$0.94</b>	<b>+\$1.73</b>	<b>+\$0.57</b>	<b>+\$0.94</b>	<b>+\$1.73</b>

**\* NOTES:**

- Total insured premium rates for VSP Premier Plan are the sum of Basic Plan rates and Premier Plan member contributions
- Certain employees also have an employer-paid Computer Vision Care benefit, priced at \$0.83 per employee per month—currently 19,558 employees are enrolled in this benefit

# Delta Dental PPO: Final Active / Retiree Monthly Total Rates and Contributions for Calendar Year 2021

## Exhibit 6a — Delta Dental PPO Total Premium Rates

	Active Employees			Retirees		
	EE	EE+1	EE+2+	RET	RET+1	RET+2+
Plan Year 2020	\$57.28	\$120.28	\$171.83	\$45.77	\$91.04	\$135.88
Plan Year 2021	\$57.63	\$121.02	\$172.89	\$44.97	\$89.45	\$133.50
<b>% Change</b>	<b>+0.6%</b>	<b>+0.6%</b>	<b>+0.6%</b>	<b>-1.75%</b>	<b>-1.75%</b>	<b>-1.75%</b>
<b>\$ Change</b>	<b>+\$0.35</b>	<b>+\$0.74</b>	<b>+\$1.06</b>	<b>-\$0.80</b>	<b>-\$1.59</b>	<b>-\$2.38</b>

## Exhibit 6b — Delta Dental PPO Member Contributions

	Active Employees			Retirees		
	EE	EE+1	EE+2+	RET	RET+1	RET+2+
Plan Year 2020	\$5.00	\$10.00	\$15.00	\$45.77	\$91.04	\$135.88
Plan Year 2021	\$5.00	\$10.00	\$15.00	\$44.97	\$89.45	\$133.50
<b>% Change</b>	-	-	-	<b>-1.75%</b>	<b>-1.75%</b>	<b>-1.75%</b>
<b>\$ Change</b>	-	-	-	<b>-\$0.80</b>	<b>-\$1.59</b>	<b>-\$2.38</b>

# DeltaCare USA: Final Active / Retiree Monthly Total Rates and Contributions for Calendar Year 2021

## Exhibit 7a — DeltaCare USA HMO Total Premium Rates

	Active (Bargained)				Retiree		
	EE	EE+1	EE+2+	RET	RET	RET+1	RET+2+
Plan Year 2020	\$26.95	\$44.46	\$65.76	\$32.85	\$32.85	\$54.21	\$80.19
Plan Year 2021	\$26.48	\$43.68	\$64.61	\$32.28	\$32.28	\$53.26	\$78.79
<b>% Change</b>	<b>-1.75%</b>	<b>-1.75%</b>	<b>-1.75%</b>	<b>-1.75%</b>	<b>-1.75%</b>	<b>-1.75%</b>	<b>-1.75%</b>
<b>\$ Change</b>	<b>-\$0.47</b>	<b>-\$0.78</b>	<b>-\$1.15</b>	<b>-\$0.57</b>	<b>-\$0.57</b>	<b>-\$0.95</b>	<b>-\$1.40</b>

## Exhibit 7b — DeltaCare USA HMO Member Contributions

	Active (Bargained)				Retiree		
	EE	EE+1	EE+2+	RET	RET	RET+1	RET+2+
Plan Year 2020	\$0.00	\$0.00	\$0.00	\$0.00	\$32.85	\$54.21	\$80.19
Plan Year 2021	\$0.00	\$0.00	\$0.00	\$0.00	\$32.28	\$53.26	\$78.79
<b>% Change</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-1.75%</b>	<b>-1.75%</b>	<b>-1.75%</b>
<b>\$ Change</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-\$0.57</b>	<b>-\$0.95</b>	<b>-\$1.40</b>

# UHC Dental: Final Active / Retiree Monthly Total Rates and Contributions for Calendar Year 2021

## Exhibit 8a — UHC Dental HMO Total Premium Rates

	Active (Bargained)				Retiree		
	EE	EE+1	EE+2+	RET	RET	RET+1	RET+2+
Plan Year 2020	\$28.63	\$47.28	\$69.90	\$16.47	\$16.47	\$27.20	\$40.22
Plan Year 2021	\$27.77	\$45.86	\$67.80	\$15.98	\$15.98	\$26.38	\$39.01
<b>% Change</b>	<b>-3.0%</b>	<b>-3.0%</b>	<b>-3.0%</b>	<b>-3.0%</b>	<b>-3.0%</b>	<b>-3.0%</b>	<b>-3.0%</b>
<b>\$ Change</b>	<b>-\$0.86</b>	<b>-\$1.42</b>	<b>-\$2.10</b>	<b>-\$0.49</b>	<b>-\$0.49</b>	<b>-\$0.82</b>	<b>-\$1.21</b>

## Exhibit 8b — UHC Dental HMO Member Contributions

	Active (Bargained)				Retiree		
	EE	EE+1	EE+2+	RET	RET	RET+1	RET+2+
Plan Year 2020	\$0.00	\$0.00	\$0.00	\$16.47	\$16.47	\$27.20	\$40.22
Plan Year 2021	\$0.00	\$0.00	\$0.00	\$15.98	\$15.98	\$26.38	\$39.01
<b>% Change</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-3.0%</b>	<b>-3.0%</b>	<b>-3.0%</b>	<b>-3.0%</b>
<b>\$ Change</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-\$0.49</b>	<b>-\$0.49</b>	<b>-\$0.82</b>	<b>-\$1.21</b>

# Life Insurance and Long Term Disability (LTD) Plan Year 2021 Aggregate Costs

## Exhibit 9 — Life Insurance and LTD Plan Rates

Plan Type	Plan Year 2020	Plan Year 2021	% Change	\$ Change
Basic Life	\$1,708,000	\$1,573,000	-7.9%	-\$135,000
Supplemental Life / Dependent Life	\$813,000	\$813,000	--	\$0
Long Term Disability	\$6,462,000	\$6,462,000	--	\$0
<b>Total Annual Estimated Cost</b>	<b>\$8,983,000</b>	<b>\$8,848,000</b>	<b>-1.5%</b>	<b>-\$135,000</b>

## Employer Contribution Notes—Active Employees

### Exhibits 2a, 3a, 3c, 4a, 4c — 93/93/83 Contribution Method for Actives

The employer contributions for the 93/93/83 Contribution Model are defined as follows:

- EE Only: City contributes 93% towards total premium for employees selecting EE Only tier coverage.
- EE+1: City contributes 93% towards total premium for employees selecting EE+1 tier coverage.
- EE+2+: City contributes 83% towards total premium for employees selecting EE+2+ tier coverage.
- City contributions are capped at 93%, 93% and 83% of corresponding premium of the second-highest-cost plan for EE Only, EE+1 and EE+2+ tiers, respectively.
- Members cover the remaining costs across all tiers.

## Employer Contribution Notes—Active Employees

### Exhibits 2b, 3b, 3d, 4b, 4d — 100/96/83 Contribution Method for Actives

The employer contributions for the 100/96/83 Contribution Model are defined as follows:

- EE Only: City contributes 100% towards total premium for employees selecting EE Only tier coverage. Members are free of premium charges.
- EE+1: City contributes 96% towards total premium for employees selecting EE+1 tier coverage.
- EE+2+: City contributes 83% towards total premium for employees selecting EE+2+ tier coverage.
- City contributions are capped at 96% and 83% of corresponding premium of the second-highest-cost plan for EE+1 and EE+2+ tiers, respectively.
- Members electing EE+1 and EE+2+ tiers cover the remaining cost.



**MEDICAL PLAN ENROLLMENT**

MEMBERSHIP STATUS	CTYGNA	CTYPLN	CTYMAP	BLSHLD	BLSHLD ACCESS+	KAISER	WAIVED	DELINQ	TOTAL
ACTIVE Members	115	919	0	5,321	9,407	25,824	3,001	142	44,729
NO MEDICARE	115	919		5,321	9,407	25,824	3,001	142	44,729
MEDICARE A									
MEDICARE B									
MEDICARE AB									
RETIRED Members	368	367	11,705	794	1,146	12,172	2,762	46	29,360
NO MEDICARE	368	253		794	1,146	2,531	2,112	32	7,236
MEDICARE A							4		4
MEDICARE B			122			84	2		208
MEDICARE AB			11,583			9,557	644	14	21,798
NON-COMPLIANT		114							114
SURVIVING SPOUSE									
NO MEDICARE	25	26	1,351	44	60	1,430	408	9	3,353
MEDICARE A	25	19		44	60	168	247	9	572
MEDICARE B									
MEDICARE AB			8			2	1		11
NON-COMPLIANT		7	1,343			1,260	160		2,763
COMMISSIONERS									7
NO MEDICARE	0	13	0	24	9	41	141	1	229
MEDICARE A		13		24	9	41	141	1	229
MEDICARE B									
MEDICARE AB									
<b>TOTAL MEMBERS</b>	<b>508</b>	<b>1,325</b>	<b>13,056</b>	<b>6,183</b>	<b>10,622</b>	<b>39,467</b>	<b>6,312</b>	<b>198</b>	<b>77,671</b>

**MEDICAL PLAN ENROLLMENT**

MEMBERSHIP STATUS	CTYGNA	CTYPLN	CTYMAP	BLSHLD	BLSHLD ACCESS+	KAISER	WAIVED	DELINQ	TOTAL
SPOUSE/DOM PRT DEPENDENTS OF ACTIVE MEMBERS	63	258	23	1,940	4,124	9,213	0	0	15,621
NO MEDICARE	63	257		1,940	4,123	9,195			15,578
MEDICARE A									
MEDICARE B									
MEDICARE AB		1	23		1	17			41
NON-COMPLIANT						1			2
SPOUSE/DOM PRT DEPENDENTS OF RETIRED MEMBERS	106	60	3,524	391	632	3,852	0	0	8,565
NO MEDICARE	81	40	192	391	632	1,183			2,519
MEDICARE A									
MEDICARE B	1		10			11			22
MEDICARE AB	24	20	3,322			2,658			6,024
NON-COMPLIANT									
SPOUSE/DOM PRT DEPENDENTS OF SURVIVING SPOUSE	0	0	0	0	0	1	0	0	1
NO MEDICARE						1			1
MEDICARE A									
MEDICARE B									
MEDICARE AB									
NON-COMPLIANT									
SPOUSE/DOM PRT DEPENDENTS OF COMMISSIONERS	0	7	0	3	3	7	0	0	20
NO MEDICARE		7		3	3	6			19
MEDICARE A									
MEDICARE B									
MEDICARE AB						1			1

**MEDICAL PLAN ENROLLMENT**

MEMBERSHIP STATUS	CTYGNA	CTYPLN	CTYMAP	BLSHLD	BLSHLD ACCESS+	KAISER	WAIVED	DELINQ	TOTAL
CHILD/MINOR DEPENDENTS OF ACTIVE MEMBERS	111	275	0	3,115	7,358	16,697	0	0	27,556
NO MEDICARE	111	275		3,115	7,357	16,697			27,555
MEDICARE A									
MEDICARE B									
MEDICARE AB									
NON-COMPLIANT					1				1
CHILD/MINOR DEPENDENTS OF RETIRED MEMBERS	28	30	70	224	450	651	0	0	1,453
NO MEDICARE	28	30	46	224	450	639			1,417
MEDICARE A									
MEDICARE B									
MEDICARE AB			24			12			36
NON-COMPLIANT									
CHILD/MINOR DEPENDENTS OF SURVIVING SPOUSE	3	3	6	15	21	48	0	0	96
NO MEDICARE	3	3	1	15	21	46			89
MEDICARE A									
MEDICARE B									
MEDICARE AB			5			2			7
NON-COMPLIANT									
CHILD/MINOR DEPENDENTS OF COMMISSIONERS	0	8	0	5	6	6	0	0	25
NO MEDICARE		8		5	6	6			25
MEDICARE A									
MEDICARE B									
MEDICARE AB									
<b>TOTAL DEPENDENTS</b>	<b>311</b>	<b>641</b>	<b>3,623</b>	<b>5,693</b>	<b>12,594</b>	<b>30,475</b>	<b>0</b>	<b>0</b>	<b>53,337</b>
<b>MEDICAL PLAN TOTALS</b>	<b>819</b>	<b>1,966</b>	<b>16,679</b>	<b>11,876</b>	<b>23,216</b>	<b>69,942</b>	<b>6,312</b>	<b>198</b>	<b>131,008</b>

**DENTAL PLAN ENROLLMENT**

MEMBERSHIP STATUS	DLTDEN	DLCDEN	PUDDEN	WAIVED	DELINQ	TOTAL
ACTIVE Members	31,609	760	545	1,714	147	34,775
RETIRED Members	19,559	864	720	8,124	87	29,354
SURVIVING SPOUSE	1,864	163	83	1,191	48	3,349
COMMISSIONERS	74	2	1	148	4	229
<b>TOTAL MEMBERS</b>	<b>53,106</b>	<b>1,789</b>	<b>1,349</b>	<b>11,177</b>	<b>286</b>	<b>67,707</b>
SPOUSE/DOM PRT DEPENDENTS OF ACTIVE Members	14,889	211	166			15,266
SPOUSE/DOM PRT DEPENDENTS OF RETIRED Members	7,680	307	219			8,206
SPOUSE/DOM PRT DEPENDENTS OF SURVIVING SPOUSE	1					1
SPOUSE/DOM PRT DEPENDENTS OF COMMISSIONERS	22	1	1			24
CHILD/MINOR DEPENDENTS OF ACTIVE Members	26,092	391	275			26,758
CHILD/MINOR DEPENDENTS OF RETIRED Members	1,499	73	47			1,619
CHILD/MINOR DEPENDENTS OF SURVIVING SPOUSE	104	6	1			111
CHILD/MINOR DEPENDENTS OF COMMISSIONERS	21	3				24
<b>TOTAL DEPENDENTS</b>	<b>50,308</b>	<b>992</b>	<b>709</b>	<b>0</b>	<b>0</b>	<b>52,009</b>
<b>DENTAL PLAN TOTALS</b>	<b>103,414</b>	<b>2,781</b>	<b>2,058</b>	<b>11,177</b>	<b>286</b>	<b>119,716</b>

**LTD, LIFE AND FSA PLAN ENROLLMENT**

**MEMBERSHIP STATUS**

ACTIVE Members

<b>LTD</b>	<b>LIFE</b>	<b>DEPFS</b>	<b>HTHFS</b>
25,624	23,728	1,449	6,576

### VISION BUY-UP ENROLLMENT

Membership Status	Members	Spouse/Domestic Partner	Child/Minor Dependents
Active CCD	270	91	112
Active CRT	159	73	105
Active CSF	10,729	4,899	8,239
Active USD	1,108	283	427
Retirees	5,715	2,030	337

**MEMORANDUM**

DATE: June 17, 2020  
TO: Supervisor Sandra Fewer, Chair  
Budget and Finance Committee  
FROM: Abbie Yant, Executive Director  
Health Service System  
RE: Ordinance Approving Health Service System Plans and Contribution  
Rates for Calendar Year 2021

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Attached are the following documents relating to the above matter:

1. Proposed ordinance (approved as to form by the City Attorney's Office) approving Health Service System plans and contribution rates for calendar year 2021;
2. 2020 Ten-County Survey, pursuant to Charter Section A8.423, approved by the Health Service Board on March 12, 2019;
3. Actuarial Report dated June 18, 2019 from Aon, as required under Section A8.422 of Appendix A to the San Francisco Charter, including summaries of the rates and benefits adopted by the Health Service Board on March 12, May 14, May 28 and June 11, 2020;
4. Membership Enrollment Statistics Report dated reflecting total enrollment distribution across the three medical plans, the dental plans and life and long-term disability; and
5. Form SFEC-126 (Notification of Contract Approval) for the following vendors: Kaiser Foundation Health Plan (Northern and Southern California Regions), Blue Shield of California, UnitedHealthcare Services, Inc. (City Plan), Delta Dental of California, Pacific Union Dental (a subsidiary of United Health Group), Vision Service Plan, Hartford Life and Accident Insurance Company.

Please let me know if you need any additional information.

CC: Members, Health Service Board (w/ electronic attached)  
Erik Rapoport (w/ electronic attached)  
Ben Rosenfield (w/ electronic attached)  
Pamela Levin (w/ electronic attached)  
Mike Clarke (w/ electronic attached)



## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

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Received On:

File #: 200674

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Michael Visconti	628-652-4645
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HSS Health Service System	michael.visconti@sfgov.org



5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Blue Shield of California	<b>TELEPHONE NUMBER</b> 510-607-2400
<b>STREET ADDRESS (including City, State and Zip Code)</b> 601 12th Street, Oakland, CA 94607	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200674
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$338,202,876		
<b>NATURE OF THE CONTRACT (Please describe)</b> Medical Health Insurance: Blue Shield Flex Funded HMO for Actives and Early Retirees		

7. COMMENTS
*The amount of this contract is based on the most recent actuarial information and will change due to employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Doug Busch		Board of Directors
2	Mari Barker		Board of Directors
3	Kimberly Belshé		Board of Directors
4	Evelyn Dilsaver		Board of Directors
5	Helen DuPlessis, M.D., M.P		Board of Directors
6	Hector Flores, M.D.		Board of Directors
7	Alan Fohrer		Board of Directors
8	Will Glaser		Board of Directors
9	Kristina M. Leslie		Board of Directors
10	Paul Markovich		CEO
11	Leon E. Panetta		Board of Directors
12	Mohammad H. Qayoumi, Ph.D.		Board of Directors
13	The Rawlings Group,		Subcontractor
14	TPUSA		Subcontractor
15	Optum		Subcontractor
16	American Specialty Health		Subcontractor
17	Argus Health Systems,		Subcontractor
18	Healthways		Subcontractor
19	VAL Health		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	CVS Specialty		Subcontractor
21	Dental Benefit Providers		Subcontractor
22	DST Output		Subcontractor
23	Arvato		Subcontractor
24	Hewlett Packard		Subcontractor
25	Trizetto Cognizant		Subcontractor
26	HealthEquity		Subcontractor
27	Healthwise		Subcontractor
28	Hinduja Global Solutions I		Subcontractor
29	LabCorp		Subcontractor
30	Language Line		Subcontractor
31	Magellan Health Services		Subcontractor
32	MES Vision		Subcontractor
33	National Imaging Associate		Subcontractor
34	CVS Health		Subcontractor
35	Quest Diagnostics		Subcontractor
36	Exela		Subcontractor
37	TeleTech Financial Service		Subcontractor
38	Partners in Care Foundatio		Subcontractor

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
39	Radiant,subsidy Accenture		Subcontractor
40	Calibrated		Subcontractor
41	Sandra Clarke		CFO
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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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## San Francisco Ethics Commission

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Received On:

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Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Michael Visconti	628-652-4645
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HSS Health Service System	michael.visconti@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Delta Dental of California	<b>TELEPHONE NUMBER</b> 888-335-8227
<b>STREET ADDRESS (including City, State and Zip Code)</b> 560 Mission Street, Suite 1300, San Francisco, CA	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200674
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$61,164,021		
<b>NATURE OF THE CONTRACT (Please describe)</b> Dental Health Insurance Benefits  Delta Dental PPO - Policy Number 01673 - Retirees (fully-insured premium) • \$16,265,267 Delta Dental PPO - Policy Number 09502 - Actives (self-funded claims + admin.) • \$44,063,764 DeltaCare USA - DHMO Policy Number 71797 - DeltaCare (fully-insured premium) • \$834,990		

7. COMMENTS
The amount of this contract is based on the most recent information and will change due to employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Michael J. Castro		CEO
2	Alicia F. Weber		CFO
3	Roy Gilbert		COO
4	Glen F. Bergert		Board of Directors
5	R. Kent Farnsworth, DDS		Board of Directors
6	Lynn L. Franzoi		Board of Directors
7	Roy A. Gonella,		Board of Directors
8	Gregory D. Kaplan, DDS		Board of Directors
9	Ian Law		Board of Directors
10	Steven F. McCann		Board of Directors
11	Terry A. O'Toole,		Board of Directors
12	Stephen R. Pickering, DDS		Board of Directors
13	Andrew J. Reid,		Board of Directors
14	Janet Widmann		Board of Directors
15	Heidi Yodowitz,		Board of Directors
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Board of Supervisors	Members

#### 3. FILER'S CONTACT

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Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Michael Visconti	628-652-4645
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HSS Health Service System	michael.visconti@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Dental Benefit Providers, Inc.	<b>TELEPHONE NUMBER</b> 888-835-9637
<b>STREET ADDRESS (including City, State and Zip Code)</b> 425 Market St., 12th Floor, San Francisco, CA 94105	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200674
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$447,382		
<b>NATURE OF THE CONTRACT (Please describe)</b> DMO Dental Health Insurance Benefits		

7. COMMENTS
The amount of this contract is based on the most recent information and will change due to employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	United HealthCare Services		Shareholder
2	Fabula, Andrew Joseph		Board of Directors
3	Kato, Irma Chi		Board of Directors
4	Russo, Francis Albert		Board of Directors
5	Sheldon, Kenneth Mark		Board of Directors
6	Toler, Paul Ryan		Board of Directors
7	Kato, Irma Chi		CEO
8	Toler, Paul Ryan		CFO
9	Galimi, Gavin Guy		Other Principal Officer
10	Gill, Peter Marshall		Other Principal Officer
11	Lang, Heather Anastasia		Other Principal Officer
12	Zuba, Jessica Leigh		Other Principal Officer
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**9. AFFILIATES AND SUBCONTRACTORS**

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<input type="checkbox"/>	Check this box if you need to include additional names. Please submit a separate form with complete information. Select "Supplemental" for filing type.		

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#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Michael Visconti	628-652-4645
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HSS Health Service System	michael.visconti@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Hartford Life and Accident Insurance Company	<b>TELEPHONE NUMBER</b> 860-547-5000
<b>STREET ADDRESS (including City, State and Zip Code)</b> One Hartford Plaza, Hartford, CT 06155	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200674
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$8,848,000		
<b>NATURE OF THE CONTRACT (Please describe)</b> Basic Group Life and Supplemental Life/Supplemental Accidental Death and Personal Loss, and Long Term Disability Insurance <ul style="list-style-type: none"> <li>• Life (basic): \$1,573,000</li> <li>• Life and AD&amp;D (Supplemental): \$813,000</li> <li>• Long Term Disability (LTD): \$6,462,000</li> </ul>		

7. COMMENTS
<p>*The amount of this contract is based on the most recent information and will change due to employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events.</p>

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS



**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Jonathan R. Bennett		Board of Directors
2	Eapen A. Chandy		Board of Directors
3	Brion S. Johnson		Board of Directors
4	Jonathan R. Bennett		CEO
5	Matthew A. Collins		CFO
6	Kathleen E. Jorens		COO
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

Phone: 415.252.3100 . Fax: 415.252.3112

[ethics.commission@sfgov.org](mailto:ethics.commission@sfgov.org) . [www.sfethics.org](http://www.sfethics.org)

Received On:

File #: 200674

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Michael Visconti	628-652-4645
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HSS Health Service System	Michael.visconti@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Kaiser Foundation Health Plan, Inc, North and South CA	<b>TELEPHONE NUMBER</b> 510-271-5910
<b>STREET ADDRESS (including City, State and Zip Code)</b> 1950 Franklin Street Oakland, CA 94612	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200674
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$472,420,422		
<b>NATURE OF THE CONTRACT (Please describe)</b> <p>Medical Health Insurance: Kaiser Permanente Traditional Plan in California, HMO, Senior Advantage with Part D in California, Kaiser Permanente Early Retiree Plans in Hawaii, Northwest, and Washington regions, and Senior Advantage with Part D in Hawaii, Northwest, and Washington regions.</p> <p>Kaiser Permanente California Active/Early Retirees: \$415,359,148            Medicare Retirees: \$56,119,708            Kaiser Permanente Multi Region Early and Medicare Retirees: \$941,566</p>		

7. COMMENTS
*The amount of this contract is based on the most recent actuarial information and will change due to employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Greg A. Adams		Board of Directors
2	Ramon Baez		Board of Directors
3	David J. Barger		Board of Directors
4	Regina Benjamin, MD, MBA		Board of Directors
5	Jeff Epstein		Board of Directors
6	Leslie S. Heisz		Board of Directors
7	David F. Hoffmeister		Board of Directors
8	Judith A. Johansen, JD		Board of Directors
9	Meg Porfido, JD		Board of Directors
10	Matthew Ryan		Board of Directors
11	Richard P. Shannon, MD		Board of Directors
12	Cynthia A. Telles, PhD		Board of Directors
13	A. Eugene Washington, MD,		Board of Directors
14	Gregory A. Adams		CEO
15	Anthony A. Barrueta		Other Principal Officer
16	Vanessa M. Benavides		Other Principal Officer
17	Bechara Choucair, MD		Other Principal Officer
18	Richard (Dick) D. Daniels		Other Principal Officer
19	Tom Hanenburg		Other Principal Officer

**9. AFFILIATES AND SUBCONTRACTORS**

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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
20	Catherine Hernandez		Other Principal Officer
21	Kim Horn		Other Principal Officer
22	Kathy Lancaster		CFO
23	Janet A. Liang		COO
24	Philip Madvig, MD		Other Principal Officer
25	Christian Meisner		Other Principal Officer
26	Julie Miller-Phipps		Other Principal Officer
27	Susan Mullaney		Other Principal Officer
28	Michael Ramseier		Other Principal Officer
29	Jim Simpson		Other Principal Officer
30	Arthur M. Southam, MD		Other Principal Officer
31	Paul Swenson		Other Principal Officer
32	Ron Vance		Other Principal Officer
33	Ruth Williams-Brinkley		Other Principal Officer
34	Mark. S. Zelman		Other Principal Officer
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------





## San Francisco Ethics Commission

25 Van Ness Avenue, Suite 220, San Francisco, CA 94102

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Received On:

File #: 200674

Bid/RFP #:

### Notification of Contract Approval

SFEC Form 126(f)4

(S.F. Campaign and Governmental Conduct Code § 1.126(f)4)

A Public Document

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#### 1. FILING INFORMATION

<b>TYPE OF FILING</b>	<b>DATE OF ORIGINAL FILING (for amendment only)</b>
Original	
<b>AMENDMENT DESCRIPTION – Explain reason for amendment</b>	

#### 2. CITY ELECTIVE OFFICE OR BOARD

<b>OFFICE OR BOARD</b>	<b>NAME OF CITY ELECTIVE OFFICER</b>
Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Michael Visconti	628-652-4645
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HSS Health Service System	michael.visconti@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> United HealthCare Services, Inc.	<b>TELEPHONE NUMBER</b> 925-246-1300
<b>STREET ADDRESS (including City, State and Zip Code)</b> 9900 Bren Road East, Minnetonka, Minnesota 55343	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200674
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$126,572,840		
<b>NATURE OF THE CONTRACT (Please describe)</b> Self-Insured Medical Plan and Prescription Drug sponsored by CCSF and whose claims administration is outsourced to UnitedHealth Services, Inc., as well as a fully insured Plan for Medicare A and B retirees <ul style="list-style-type: none"> <li>• Self-Funded PPO: \$43,905,542</li> <li>• Medicare Advantage PPO: \$82,667,298</li> </ul>		

7. COMMENTS
The amount of this contract is based on the most recent actuarial information and will change due to actual claims, employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
<input checked="" type="checkbox"/>	A BOARD ON WHICH THE CITY ELECTIVE OFFICER(S) SERVES Board of Supervisors
<input type="checkbox"/>	THE BOARD OF A STATE AGENCY ON WHICH AN APPOINTEE OF THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM SITS

**9. AFFILIATES AND SUBCONTRACTORS**

List the names of (A) members of the contractor's board of directors; (B) the contractor's principal officers, including chief executive officer, chief financial officer, chief operating officer, or other persons with similar titles; (C) any individual or entity who has an ownership interest of 10 percent or more in the contractor; and (D) any subcontractor listed in the bid or contract.

#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Noel, Timothy John		Board of Directors
2	Putnam, Tarrant Jeffrey		Board of Directors
3	Putnam, Tarrant Jeffrey		CEO
4	Roos, Thomas Edward		CFO
5	Pezhman, Payman [NMN]		Other Principal Officer
6	Gill, Peter Marshall		Other Principal Officer
7	Lang, Heather Anastasia		Other Principal Officer
8	Zuba, Jessica Leigh		Other Principal Officer
9	Cottingham, Nyle Brent		Other Principal Officer
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Check this box if you need to include additional names. Please submit a separate form with complete information. Select “Supplemental” for filing type.

**10. VERIFICATION**

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information I have provided here is true and complete.

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<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
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Board of Supervisors	Members

#### 3. FILER'S CONTACT

<b>NAME OF FILER'S CONTACT</b>	<b>TELEPHONE NUMBER</b>
Angela Calvillo	415-554-5184
<b>FULL DEPARTMENT NAME</b>	<b>EMAIL</b>
office of the Clerk of the Board	Board.of.Supervisors@sfgov.org

#### 4. CONTRACTING DEPARTMENT CONTACT

<b>NAME OF DEPARTMENTAL CONTACT</b>	<b>DEPARTMENT CONTACT TELEPHONE NUMBER</b>
Michael Visconti	628-652-4645
<b>FULL DEPARTMENT NAME</b>	<b>DEPARTMENT CONTACT EMAIL</b>
HSS Health Service System	michael.visconti@sfgov.org

5. CONTRACTOR	
<b>NAME OF CONTRACTOR</b> Vision Service Plan (VSP)	<b>TELEPHONE NUMBER</b> 800-877-7195
<b>STREET ADDRESS (including City, State and Zip Code)</b> 3333 Quality Drive, Rancho Cordova, CA 95670	<b>EMAIL</b>

6. CONTRACT		
<b>DATE CONTRACT WAS APPROVED BY THE CITY ELECTIVE OFFICER(S)</b>	<b>ORIGINAL BID/RFP NUMBER</b>	<b>FILE NUMBER (If applicable)</b> 200674
<b>DESCRIPTION OF AMOUNT OF CONTRACT</b> \$9,140,100		
<b>NATURE OF THE CONTRACT (Please describe)</b> Vision Health Insurance Benefits		

7. COMMENTS
*The amount of this contract is based on the most recent information and will change due to employee resignations, new hires, terminations and other attrition factors, as well as member selections at the time of qualifying events.

8. CONTRACT APPROVAL	
This contract was approved by:	
<input type="checkbox"/>	THE CITY ELECTIVE OFFICER(S) IDENTIFIED ON THIS FORM
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#	LAST NAME/ENTITY/SUBCONTRACTOR	FIRST NAME	TYPE
1	Barbara Adachi,		Board of Directors
2	Matthew Alpert, O.D		Board of Directors
3	Robert Chu, O.D.,		Board of Directors
4	Fred Howard,		Board of Directors
5	Gordon W. Jennings, O.D		Board of Directors
6	Jarrett Johnson, O.D		Board of Directors
7	John Morrissey		Board of Directors
8	Leslie A. Murphy, CPA		Board of Directors
9	Mary Anne Murphy, O.D.		Board of Directors
10	Matt Wickham, O.D.,		Board of Directors
11	Ryan Wineinger, O.D		Board of Directors
12	Michael Guyette,		CEO
13	Kate Renwick-Espinosa		Other Principal Officer
14	Alec Mahmood		CFO
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**I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

<p><b>SIGNATURE OF CITY ELECTIVE OFFICER OR BOARD SECRETARY OR CLERK</b></p>  <p>BOS Clerk of the Board</p>	<p><b>DATE SIGNED</b></p>
---	---------------------------

# Introduction Form

By a Member of the Board of Supervisors or Mayor

Time stamp  
or meeting date

I hereby submit the following item for introduction (select only one):

- 1. For reference to Committee. (An Ordinance, Resolution, Motion or Charter Amendment).
- 2. Request for next printed agenda Without Reference to Committee.
- 3. Request for hearing on a subject matter at Committee.
- 4. Request for letter beginning : "Supervisor  inquiries"
- 5. City Attorney Request.
- 6. Call File No.  from Committee.
- 7. Budget Analyst request (attached written motion).
- 8. Substitute Legislation File No.
- 9. Reactivate File No.
- 10. Topic submitted for Mayoral Appearance before the BOS on

Please check the appropriate boxes. The proposed legislation should be forwarded to the following:

- Small Business Commission
- Youth Commission
- Ethics Commission
- Planning Commission
- Building Inspection Commission

**Note: For the Imperative Agenda (a resolution not on the printed agenda), use the Imperative Form.**

Sponsor(s):

Subject:

The text is listed:

Signature of Sponsoring Supervisor:

For Clerk's Use Only